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ABSTRACT

One of a series of three intended for day care center staff, this training manual on child protection consists of descriptions of four workshops. In workshops one and two, respectively, the detection and reporting of general child abuse/neglect and child sexual abuse are explained. In workshop three, information is provided on the sexual development of children from birth through eight years of age. Suggestions for protecting children from sexual abuse are offered in workshop four. Each workshop includes statements of purpose, objectives, an overview, lists of materials, procedural information, suggested additional activities, a competency evaluation checklist, and resource lists. Appendices for all workshops are included in a separate section at the end of the manual, including a glossary of child abuse/neglect terms, a list of abuse/neglect indicators in young children, a report form and instructions, guidelines for role playing, a list of verbal rewards, a sexual abuse fact sheet, a flow chart of institutional responses to a report of abuse/neglect, an outline of typical and expected childhood behaviors related to sexuality, a worksheet for use in clarifying personal attitudes about incest and sexual abuse, a classification of touch behavior, a list of educational resources, and materials for implementing parent meetings. (RH)

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AN OUNCE OF PREVENTION: CHILD PROTECTION

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Edited by Barbara Merrill, M.A.

Developed by the Training in Abuse Prevention Project through a grant funded by the West Virginia Department of Human Services

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PREFACE

An Ounce of Prevention: Child Protection is one of a series of three training manuals developed for day care center staff by the Training in Abuse Prevention project through a grant from the West Virginia Department of Human Services. Monies allocated by the United States Congress to train child care workers provided the necessary funds for this project.

The primary goal of the TAP project was to improve the quality of life for children in day care centers by helping center staff to gain expertise in behavior management techniques, by increasing directors' administrative capabilities in selecting and training staff, and by providing relevant informational materials to directors, staff and parents concerning child care and child abuse. In addition to the administrative guide and two training manuals on child management and prevention of abuse, four brochures were developed for parents and distributed through licensed day care centers in West Virginia. Eight regional seminars were held throughout the state. The primary purpose of the seminars was to train directors and lead teachers to conduct in-service sessions for their staff using the TAP training manuals.

This training manual on child protection consists of four workshops for day care center staff. The detection and reporting of both general child abuse/neglect and child sexual abuse are explained. Information is provided on the sexual development of children from birth through eight years. Suggestions for protecting children from sexual abuse are offered. Information in the training manual is based on current knowledge; this could change as more is learned about child abuse and protection of children. Regular contact with your local Child Protective

Services unit of the Department of Human Services and ongoing training in this field is strongly suggested.

Each workshop includes the following sections:

- Purpose
- Objectives
- Overview
- Materials
- Procedure - Information to be presented during the workshop and the methods of presentation.
- Additional Activities - Activities which could supplement the workshop if more time is available or additional experiences are needed or desired.
- Competency Evaluation - Checklist for the trainer as to whether all material has been covered in the workshop and all competencies attained by the participants.
- Resources - Written materials which contain additional information about the workshop topic.

Appendices for all workshops are included in a separate section at the end of the training manual.

It is hoped that trainers will be flexible in using the materials in this manual. Workshops will need to be adapted to the time available, size of the group, and needs of the participants.

ABOUT THE AUTHORS

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Rebecca J. King, of Scott Depot, West Virginia, does volunteer work and consultation in the field of child abuse. She is currently a homemaker who is married and has two children. Ms. King was one of the first project coordinators of the Families And Children Together (F.A.C.T.) Child Abuse/Neglect Network in Charleston, West Virginia. She has a B.A. degree from West Virginia University and an M.A. from West Virginia College of Graduate Studies in Counseling and Guidance.

Charlotte Flanagan is Executive Director of the West Virginia Committee for Prevention of Child Abuse. She has worked for sixteen years in the human services field. Ms. Flanagan is a graduate of West Virginia State College and is working toward a Master's degree in Business Administration. A resident of St. Albans, West Virginia, Ms. Flanagan was co-author of the Children's Trust Fund legislation and founder of the West Virginia Committee for Prevention of Child Abuse.

Diane W. Mufson is a psychologist in private practice with Affiliates in Psychology and Therapy, Inc. She holds a B.S. degree from University of Vermont, an M.A. degree from Cornell University in Human Development, and an M.A. degree from Marshall University in Political Science/Public Administration. Ms. Mufson resides in Huntington, West Virginia and is married with three children. She was formerly a psychologist at Cammack Children's Center, Inc. and Prestera Mental Health Center. Ms. Mufson has written an article which was published in the January/February 1986 issue of Child Welfare.

Illustrations by Butch Gandee

Detection and Reporting of Child Abuse/Neglect

DETECTION AND REPORTING OF CHILD ABUSE/NEGLECT

By Rebecca King, M.A., and Charlotte Flanagan

PURPOSE

In this workshop, day care center staff will obtain an overview of the child abuse/neglect problem nationally and locally. Staff will learn to recognize the signs of child maltreatment, the family dynamics involved, and the procedures to follow in reporting a suspected case. The legal aspects of child abuse/neglect reporting will also be presented. Specific methods of dealing with the child, the family, and Child Protective Services social workers of the Department of Human Services will be provided.

OBJECTIVES

At the completion of this workshop, day care center staff will be able to:

1. Understand the family dynamics involved in child abuse/neglect.
2. Recognize the physical and behavioral indicators of abuse/neglect in a child and parent.
3. Be familiar with the child abuse laws and regulations of the State of West Virginia.
4. Understand the procedures to follow in reporting a suspected case of child abuse/neglect.
5. Deal effectively with the child and family.
6. Coordinate efforts with Child Protective Services.

OVERVIEW

During this workshop, you will:

1. Present and discuss information on the scope of the child abuse problem nationally/locally, the family characteristics involved, and the indicators (signs) of abuse and neglect.
2. Present information on how to report a suspected case, and the legal issues involved.
3. Role play reporting procedures and ways to develop a working relationship with CPS staff.
4. Develop a written policy for center staff to follow in reporting a case.
5. Present and discuss ways to deal with the child, family and Child Protective Services.

MATERIALS

- Sample policy form. (Appendix 3)
- Handouts on abuse/neglect indicators. (Appendix 2)
- Newsprint pad, easel, markers; or chalkboard and chalk.

PROCEDURE

I. Statistics on Child Abuse/Neglect

1. Introduce the topic by presenting the following information:

Although instances of children being mistreated can be found throughout history, research and publicity about child abuse/neglect did not surface until the early 1960's. At that time, Dr. Henry Kempe, a pediatrician, used the term "battered child syndrome," to describe what

we now refer to as child abuse/neglect. Since the 1960's, the child abuse/neglect problem has continued to receive national and local attention.

Although statistical estimates of the problem vary, the American Humane Association documented over one million reports of child maltreatment in 1983 (involving one and one half million children). Child neglect is the most frequently reported form of maltreatment, comprising 65% of reported incidents. Abuse, alone or combined with neglect, constitutes 47% of reported cases. Although child abuse/neglect affects all ages, the average age of the involved child is seven years old. Major physical injuries occur most to children under four years of age. Parents are most often the perpetrators of child abuse (95%), with the greatest percentage being mothers (60%).

Relatives and neighbors report the greatest percentage of suspected child abuse cases (52%). Professionals report 48% of the cases nationwide, with child care workers reporting 2% of those cases.

During the 1984 fiscal year, the West Virginia Department of Human Services received 11,187 reports of child abuse/neglect. State and local statistics in West Virginia reflect the national reporting trends. Although nonprofessionals report the majority of the cases, research by the Families And Children Together (F.A.C.T.) Network of Kanawha County, West Virginia shows trained professionals as the most reliable reporting source.

2. Lead a discussion with these questions.

- How many reports of child abuse/neglect were made by your center last year?

- Prior to this workshop, what kind of child abuse/neglect training have you had?
- What type of child maltreatment is reported most often?
- Who is the perpetrator in most of the child abuse cases?

II. Indicators of Abuse/Neglect

1. Give each person a copy of Appendix 2, The Physical and Behavioral Indicators of Child Abuse/Neglect. Introduce the topic by presenting the following information:

Child abuse is most simply defined by the National Committee for Prevention of Child Abuse as "repeated mistreatment of a child by parent(s) or other guardians resulting in nonaccidental injury or harm." Child abuse may be physical, emotional, verbal or sexual. Child neglect is defined as a "failure of a parent or guardian to provide a child with needed protection." Both child abuse and neglect can cause serious injury or even death of a child. The legal definitions of child abuse and neglect are described in West Virginia Public Welfare Law, Chapter 49, which can be found in Appendix 1.

A thorough investigation by a trained Child Protective Services social worker determines whether abuse/neglect actually exists. It is important that you are aware of the indicators of maltreatment. Day care center staff have daily contact with children, which gives them a key role in effectively identifying and reporting suspected cases of abuse/neglect.

Physical Indicators

You can learn a lot about the home situation of a child by observing his appearance. Staff should be alert if they observe one or more of the following physical indicators:

Physical Abuse

- Bruises, welts on arms, legs, face - form regular patterns
- Burns: cigar, cigarette, scalding, rope/electrical cord, patterns
- Fractures - in various stages to face, skull, long limbs
- Black eyes
- Internal injuries - bleeding, blood clots
- Untreated sores
- Lacerations, abrasions, bite marks
- Given poisonous substances, drugs, alcohol

Neglect

- Wears inappropriate dress for weather conditions
- Always wears long-sleeve shirts regardless of how warm it is
- Frequently appears affected by parasites, ringworm, head lice
- Chronically dirty and unkempt
- Always hungry, asks for seconds, thirds
- Untreated dental, medical problems
- Does not have proper immunizations
- Serious height and weight abnormalities
- Excessively absent from school, day care
- Often left alone for long periods of time (or is abandoned)

Emotional Abuse

Verbal or emotional maltreatment may be present in each of the other types of abuse. It is difficult to pinpoint the parental or child

responses which are unique to emotional abuse. Frequently, parents are so concerned with their own problems that they cannot attend to the child's emotional needs.

Severe cases include parents maintaining high standards, allowing no exceptions for the child. Examples of emotional maltreatment are belittling, public shaming and sarcasm.

Behavioral Indicators of the Child and Family

The reactions of a child to mistreatment are usually not specific to any one type of abuse. Behavioral symptoms vary according to the child's developmental stage, the severity and frequency of abuse, the child's relationship with the abuser and the availability or a lack of other supportive persons. One or more of the following behavioral signs may indicate that a child has been abused or neglected:

- Hostile, very aggressive, violent
- Extremely passive, withdrawn
- Regression to less mature ways of coping
- Often day dreams, cries without an apparent reason
- Seems afraid of adults, parents
- Fears going home
- Consistently tired, unable to stay awake
- Tendency to bully other children
- Complains physical activity causes pain

It is not your responsibility to prove whether abuse/neglect exists, but to identify and report situations in which you have reasonable cause to suspect abuse/neglect is occurring.

Judgment on whether a child has been abused or neglected will not be made until a formal investigation has been completed by a Child Protective Services social worker. Patterns will be looked for, instead of isolated behaviors, when confirming abuse or neglect.

The CPS social worker may also ask for your observation of the parent. The following parental indicators from Fontana and Helfer may suggest that a parent is abusive or neglectful.

- Ignores child's crying
- Indicates that the child is different or bad; unrealistic expectations
- Seems generally irrational
- Shows evidence of loss of control
- Presents contradictory explanation of the child's injuries
- Indicates they have no help with the child
- Reluctant to give information
- Goes from one hospital/doctor to another
- Misuses drugs, alcohol
- Cannot be located

The indicators and family dynamics differ in cases of sexual abuse, and are to be presented in Workshop No. 2.

2. <u>Lead a discussion with these questions</u>.

- How does abuse differ from neglect?
- Why do day care staff have a key role in reporting child abuse/ neglect?
- What is the underlying principle of emotional abuse?

III. Family Dynamics of Child Abuse/Neglect

1. Present the topic by providing the following information:

Child abuse/neglect cuts across all social and economic levels in our society. The National Committee for Prevention of Child Abuse describes child abuse as "ordinary people caught in situations that are beyond their control." Abuse may be situational - a one-time occurrence due to a stressful situation (death of a family member, loss of job), or it may be chronic, occurring over a long period of time.

Child abuse and neglect are cyclical problems. As the child grows in an abusive home environment, she is likely to repeat those behaviors learned from the parent(s) or guardian. When the child becomes a parent, he will often treat his child in the same abusive/neglectful way. These behaviors can be replaced with new coping strategies and parenting skills if the individuals choose to do so. Most abusive parents love their children, but in times of crisis they strike out at those who are closest.

Kempe and Kempe report that child abuse occurs in a family in the presence of four factors:

- The parents have a background of emotional/physical deviations.
- The child is seen as unloving.
- There is a stressful situation occurring.
- There is no "lifeline" or sources of help for the family.

Certain dynamics are usually present in a family long before the maltreatment is brought to the attention of the community. An understanding of the family dynamics involved in child maltreatment will not only help you in making suspected reports, but will also enable you to be more helpful in your relationships with the child and family.

While not all abusive/neglectful parents are alike, all share specific difficulties in parenting. Additional characteristics common in these parents are outlined as follows:

- Historically, they were abused or deprived as children.
- However successful or effective they appear, their emotional relationships are inadequate. Isolation, distrust and little support from others is the rule.
- They cope poorly with many crises, most often when they are made to feel inadequate or rejected.
- They show role reversal, expecting their children to meet their needs and make them feel better. Physical punishment is seen as an appropriate reaction when the child fails to respond to them as they wish.
- Their self-image is very low. They are convinced they aren't any good.

Additional factors which may be present in the family include alcohol or drug abuse, marital difficulties, spouse abuse and financial problems.

Children who have been maltreated are often secretive about their families for fear of breaking up the family, and because they don't see how change is possible. If abuse in a family is severe, once a child reaches adolescence, she may run away repeatedly. In a study of runaways and delinquents, 84% had been neglected or abused before age 6, and 92% had been mistreated or sexually abused in the previous eighteen months.

2. Lead a discussion with these questions:
   - Why do some parents abuse their children?
   - Why is child abuse considered a cycle?

2. Lead a discussion with these questions:

- Why do some parents abuse their children?
- Why is child abuse considered a cycle?
- How can abusive behaviors be stopped?

IV. Child Protection Law

1. Introduce the topic by presenting the following information:

Federal legislation on child abuse was first passed in 1974, thus marking the movement for children's rights. Each state followed by passing laws which vary in their definitions of abuse/neglect and reporting regulations. In 1976, West Virginia updated its child abuse legislation. Chapter 49, which outlines child abuse/neglect procedures.

The West Virginia Department of Human Services is the agency mandated by law to receive reports of child abuse/neglect and to provide the necessary services to protect the child. The types of maltreatment which must be reported under West Virginia law include physical abuse, emotional abuse, neglect, and sexual abuse/exploitation.

In relation to reporting procedures, you should become familiar with the following points of the law:

- Persons mandated to report suspected abuse/neglect include medical, dental, mental health, Christian Science practitioner, religious healer, school teacher or school personnel, social service worker, child care or foster care worker, emergency medical services personnel, peace officer or law enforcement officer.
- Any person required to report cases may take photographs and x-rays of the child at public expense.

- Reports of child abuse/neglect should be made immediately by telephone to the local Department of Human Services office. A written report within 48 hours may also be requested by the Department of Human Services.
- Any person acting in good faith shall be immune from any civil or criminal liability.
- The privileged quality of communication between husband and wife and between professional persons and clients is eliminated in situations involving suspected or known child abuse/neglect.
- Any person, official or institution required by law to report which fails to do so or knowingly prevents another person from doing so, is guilty of a misdemeanor. If convicted, they will be fined not more than $100, confined in the county jail not more than 10 days or both.
- Reports of child abuse/neglect alleging that a custodian is the perpetrator should be made immediately to the local Department of Human Services office. Custodian refers to those persons who have or share actual physical possession or care and custody of a child. (Examples include school teachers, day care providers, babysitters, and Head Start staff.)

2. Lead a discussion of these questions:
   - What protection does the law provide for those reporting?
   - What types of maltreatment must be reported?
   - If a mandated reporter refuses or fails to report a suspected case, what is the penalty?

V. Reporting of Abuse/Neglect

1. Introduce the topic by presenting the following information:

Effective reporting procedures of your center depend on the leadership and support provided by the day care center director. Responsibilities of the director include:

- Managing the center's reporting policy and procedures
- Providing staff training in the area of child abuse/neglect
- Creating and maintaining a climate of support and trust

Often in making reports you may fear alienating the parents if the injury was accidental, or worry that the child may be in further danger if the parents learn of the referral. Remember your legal and moral responsibilities and consider the consequences of the child remaining in a dangerous situation.

It is not your responsibility to contact the family, to determine the cause, or to prove that the child has been mistreated. Trained Child Protective Services social workers know how to interview the child and family during their investigation of the referral.

The steps you should take in reporting a suspected case of child abuse/neglect are as follows:

1. Call the local West Virginia Department of Human Services, Child Protective Services unit or the West Virginia Child Abuse Hotline. [24-hour toll free: 1-800-352-6513]
2. Provide as much specific information as possible.
3. Complete a written report if requested by the Department of Human Services.
4. Document any information supplied to the Department of Human Services. (Refer to the reporting form in Appendix 3.)

5. Maintain confidentiality concerning the situation to those professionals involved. Refrain from gossiping about the situation.

6. Treat the child the same as always.

Within twenty-four hours after you have made a report (or immediately if the child is in danger), a Child Protective Services social worker should begin an investigation to determine whether abuse or neglect exist. The CPS social worker will not tell the family who made the referral.

If the social worker finds no maltreatment, the case will be closed. Should the report be substantiated, a plan will be developed aimed at protecting the child and offering the family a range of services needed. Services provided primarily to the family include counseling and medical services. Day care is sometimes used as a resource for the family as part of the treatment plan. Day care can provide quality "time out", reduce the child's isolation, and help relieve the parent of continuous child care responsibilities.

Only in severe cases is the child removed from the home and placed in custody of the Department of Human Services. The court decides in these situations if the separation will be temporary or permanent, and what services are needed.

If requested, you may receive feedback from Child Protective Services on whether the case you reported is opened or closed for services.

2. As a group, decide upon a policy to follow in reporting cases at your center. (Refer to the sample policy in Appendix 3.)

VI. Dealing with the Parents and the Child in Abuse Situations

1. Introduce the topic by presenting the following information:

Parents with abuse problems have a low level of self-esteem or no self-esteem at all. They do not like themselves and they do not expect others to like them.

An excellent way to help parents change is to value them simply because they exist. This is called this "unconditional positive regard." Often abusive parents never experienced this as children. They never had the sense that they were loved and wanted for themselves.

Treat parents with kindness and warmth. Make available to them information about the Parents Anonymous self-help organization, and identify local community family counseling resources. Remember, this is a hurting person.

As day care staff, you need to continually re-examine personal feelings and attitudes about abusive parents. The tendency to be judgmental must be resisted. Communicate with the parents about the child. Be a good listener.

Do not expect immediate "cures", especially if the maltreatment has occurred over a long period of time. The family healing process takes time. Research has shown that most abusive parents can be helped.

In relation to the child, the following suggestions are recommended:

- Develop a trusting relationship. Show empathy and a willingness to listen without being critical or negative.
- Encourage the child to become involved with other children at the center.

- Be careful in questioning the child. Approach the child with warmth.
- Do not single out the child.
- Never criticize the child's parents.
- Be consistent with the child (often the parent is not).
- Create ways to strengthen his self-esteem.

  Use the phrases in Appendix 5 when talking with the child.
- Plan special field trips for your class so that the abused/neglected child will feel less isolated from the community.

2. Lead a discussion with these questions:
   - How can center staff increase a parent's level of self-esteem?
   - Why is self-esteem important?

VII. Dealing with Children's Protective Services

1. Introduce the topic by presenting the following information:

When working with the Child Protective Services social worker of the Department of Human Services, the key word is cooperation. The following steps should be taken to develop a working relationship between day care staff and CPS social workers:

- Establish a liaison person from the center staff to communicate information with the CPS staff.
- Share all the information necessary to help the CPS social worker.
- Be willing to participate in child abuse case staffings if requested by the CPS social worker.

- Keep lines of communication open between center staff and CPS social workers. In long-term cases, share documentation with the CPS social worker about the family, and stay involved in service planning.

2. Complete the following activity:

   Get a consensus from the center staff to improve and strengthen the current relationship with the CPS staff. Role play Activity 1 in Appendix 4.

ADDITIONAL ACTIVITIES

1. As a group, discuss any concerns you may have in reporting a suspected case of child abuse/neglect.
2. Brainstorm ways staff can be supportive to abusive parents.
3. Identify community counseling services to be shared with parents.
4. Identify ways to help the abusive parent feel at ease and accepted.
5. Have a joint staff meeting with CPS social workers to review reporting procedures and issues of concern.

COMPETENCY EVALUATION

At the completion of the workshop, day care center staff will be able to:

1. Understand the scope of the child abuse/neglect problem.

   Answer true or false.

   a. Most abusive parents can be helped. (True)

   b. Child abuse is reported more than child neglect. (False)

   c. Child abuse usually happens in families which are poor and have no education. (False)

   d. Both child abuse and neglect can cause serious injury and even death. (True)

   e. Fathers are most often the perpetrators of child abuse/neglect. (False)

   f. Professionals report child abuse/neglect cases more often than non-professionals. (False)

2. Recognize the physical and behavioral indicators of abuse/neglect in a child/parent.

   a. Name three physical indicators of abuse.

      (Sample acceptable response: Burns, bruises, untreated sores)

   b. Name three physical indicators of child neglect.

      (Sample acceptable response: Always hungry; wears inappropriate clothing; untreated dental, medical problems)

   c. Name three behavioral indicators in a child.

      (Sample acceptable response: Very aggressive, hostile, passive and withdrawn)

d. Name three parental indicators.

(Sample acceptable response: Ignores child's crying, indicates they have no help with the child, contradictory explanation of child's injuries)

3. Identify four family dynamics involved in child abuse/neglect.

(Sample acceptable response: Parents were abused/neglected as children, parents are abusing alcohol/drugs, parents lack knowledge of parenting skills, parents have low self-esteem)

4. Understand the legalities of child abuse/neglect reporting.

Answer true or false.

a. The name of the reporter is told to the family. (False)

b. There are specific people mandated by law to report child abuse/neglect. (True)

c. People can be sued for reporting suspected cases. (False)

d. A complaint is to be investigated within 24 hours. (True)

5. Outline the procedures to follow in reporting suspected cases of child abuse/neglect.

(Sample acceptable response: Call the Department of Human Services or Child Abuse Hotline, provide as much information as possible, complete a written report if requested, maintain confidentiality, treat the child as usual.)

6. Implement a policy for reporting. Plan and carry out to completion.

7. Deal effectively with the child and parents.

   a. List two suggestions for working with parents.

      (Sample acceptable response: Do not be judgmental, provide them with helpful information.)

   b. List two suggestions for working with children.

      (Sample acceptable response: Do not single out the child. encourage the child to become involved with others.)

8. Implement one or more suggestions for coordinating efforts with CPS. Plan and carry out to completion.

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Detection and Reporting of Child Sexual Abuse

DETECTION AND REPORTING OF CHILD SEXUAL ABUSE

By Rebecca King, M.A. and Charlotte Flanagan

PURPOSE

In this workshop, day care center staff will learn how to identify and report suspected cases of child sexual abuse. They will learn the types of sexual abuse, including a statistical overview of the problem. Staff will find out how to recognize the physical and behavioral indicators of child sexual abuse, the dynamics involved in incestuous relationships, and the procedures to follow in reporting suspected cases. Legal issues concerning child sexual abuse will also be reviewed. Additionally, day care center staff will obtain specific response techniques to use in dealing with the child victim.

OBJECTIVES

At the completion of this workshop, day care center staff will be able to:

1. Identify the types and forms of child sexual abuse.
2. Understand the prevalence of the sexual abuse problem nationally.
3. Identify physical and behavioral indicators of sexual abuse in a child.
4. Understand the family dynamics involved in incestuous relationships.
5. Be aware of the legal aspects of child sexual abuse.
6. Follow the correct procedures in reporting suspected cases.
7. Deal effectively with the sexually abused child.

OVERVIEW

During this workshop you will:

1. Present and discuss information on the types of child sexual abuse, prevalence of the problem, identification and reporting procedures to follow, the family dynamics involved and the legal aspects of child sexual maltreatment.
2. Provide specific recommendations on how to respond to a sexually abused child.
3. Role play to increase skills that support children who have experienced sexual abuse.

MATERIALS

- Reporting flow chart (Appendix 7)
- Newsprint pad, easel, markers; or chalkboard and chalk

PROCEDURE

I. An Overview of Child Sexual Abuse

1. Introduce the topic by presenting the following information:

During the last ten years, sexual abuse has become identified as a major form of child abuse. Child sexual abuse is defined by the National Committee for Prevention of Child Abuse as "sexual contact between a child and adult or older child for the sexual gratification of the offender." More simply, child sexual abuse is when a child is forced or tricked into sexual contact. Examples of child sexual abuse include:

- Pedophilia: Adult addiction to sexual relations with children.
- Sexual Exploitation: Child pornography, child sex rings, child prostitution.

- Incest: Sexual activity between persons whose kinship prohibits marriage.
- Rape: Physical and sexual brutalization.

The types of child sexual abuse are classified as touching and non-touching offenses. Non-touching offenses include:

- Verbal sexual stimulation
- Obscene telephone calls
- Exhibitionism - "flashing"
- Voyerism - "peeping toms"
- Allowing a child to witness sexual intercourse

Touching offenses include a range of sexual activity from fondling to sexual intercourse. Incest, rape and sexual exploitation fall into this category. All forms of sexual abuse are considered harmful to a child.

Child sexual abuse is usually not a single incident, but a progression of sexual activity which develops over time. Incidents of child sexual abuse differ from physical abuse in the following ways:

- There are fewer physical and medical indicators to detect.
- It is usually planned instead of spontaneous.
- Child sexual abuse is committed primarily by men.

For additional information, refer to the sexual abuse fact sheet in Appendix 6.

The incidence of child sexual abuse has been difficult to estimate because of its secrecy and the lack of knowledge about the subject. One of the first studies to determine the extent of sexual abuse among children in the United States was completed by DeFrancis in 1969. The study found that child sexual abuse was more common than previously

assumed, that the sexual offenses were many and varied, and that the offender was usually known to the child and family. The abused child in the majority of cases was female, with an average age of eleven. A 1979 study of college students by Finklihor showed 19% of women and 9% of men had some kind of sexual victimization during childhood.

A study recently completed by the American Humane Association reports that child sexual abuse cases have more than doubled since 1976 due to a greater awareness of the problem. Approximately 7% of all reported child sexual abuse cases involved children over 12 years, but one out of every four victims was under five years of age. The study also found the victims were female (85%) and older (11 years). The sexual perpetrators were usually male (79%). Research has shown the abuser is known to the child in 85% of cases. Child sexual abuse is always the responsibility of the perpetrator and should never be viewed as the child's fault.

The most common form of child sexual abuse reported is incest, estimated at 10 million cases per year. Within this category, father-daughter or stepfather-daughter incest is found in 70% of reported cases. The remaining cases involve mother-son, father-son, mother-daughter and brother-sister.

Many researchers feel that the changing status of the family (i.e., divorces, more stepfathers, boyfriends) along with changes in sexual attitudes and behaviors have had an impact on the sexual abuse problem. Children have been found to be at a higher risk of sexual abuse when they live with a stepfather or mother's boyfriend. In addition, a study completed by Russell found far greater prevalence and seriousness in stepfather-daughter incest than in biological father-daughter incest.

2. Lead a discussion with these questions:

- What is the most common form of child sexual abuse?
- In a sexual abuse situation, why are children not at fault?

II. Indicators of Sexual Abuse in a Child

1. If your staff did not receive the physical/behavioral indicators handout in Workshop No. 1 (Appendix 2), see that they have a copy in reviewing this section. Introduce the topic by presenting the following information:

Unlike physical abuse and neglect, sexual abuse has fewer indicators to identify. Although children remain the best source to report victimization, they may not always tell. Often children have been threatened to keep the secret, or are made to feel at fault. Therefore, it is often the professional's responsibility to identify the sexually abused child.

Physical indicators of sexual abuse include:

- Pain or injury to the genital/rectal area
- Venereal disease
- Vaginal, penal discharge
- Frequent urinary infections, difficulty with urination. Since urinary infections are common in young girls, look for additional indicators of sexual abuse.

Although changes in a child's behavior may occur because of stresses other than sexual abuse, the professional should consider it a probability if a number of the following behavioral changes are present:

- Overly compliant behavior
- Acting out adult sexual behavior
- Reluctance or fear of a person or certain places

- Clinging, anxious, irritable behavior
- Regression to babyish habits (e.g., thumb-sucking)
- Inappropriate sexual play with peers, toys
- Detailed and age-inappropriate understanding of sexual behavior
- Inability to make friends
- Lack of trust
- Does not participate in school activities, sudden drop in performance
- Sleep disturbances
- Increase or decrease in appetite
- Makes drawings that are scary; uses a lot of black, red
- Hints about sexual activity
- Vehement over-reaction when questioned about whether she was touched

Guidelines have been developed to assist professionals when they suspect a case of child sexual abuse. The following approaches by Sgroi to assess a potential situation should be followed when looking at physical and behavioral child sexual abuse indicators:

- Keep an Open Mind. Be aware that sexual molestation is a possibility.
- Keep Cool. Sexual abuse is an emotional topic. Objectivity requires much effort and self-discipline. It is difficult to help a child victim if you are not calm and professional.
- Be Alert. Situations of child sexual abuse may be difficult to detect. Continue to observe the behaviors of the child and when possible, the parent/child interaction. Review child sexual abuse material periodically. Keep the staff well informed.

2. Lead a discussion with the following questions:

- Name four or more physical indicators of sexual abuse.
- Name as many behavioral changes as possible that may indicate child sexual abuse.
- What guidelines assist day care staff when they suspect a case of child sexual abuse?

III. The Family Dynamics of Child Sexual Abuse

1. Introduce the topic by presenting the following information:

The two major groups of child sexual abuse perpetrators are (1) the child molesters or pedophiles and (2) the incestuous family.

The child molester is an emotionally immature person (most often a male) who does not develop strong relationships with adults of the opposite sex. He turns to children for his sexual gratification. His advances occur as a courtship to win the child's trust. The molester is usually known by the child before the abuse occurs. Since the most common form of sexual abuse is incest, the remainder of this workshop will present the dynamics of the incestuous family.

Incest refers to sexual activity between persons whose kinship prohibits marriage. Incest is considered a universal taboo among all cultures. Although there are many types of sexual combinations among relatives, the most prominent pattern is parent-child incest.

In the majority of identified incest cases, the parent is a male adult, and the victim a female child. The incestuous behavior is usually a long-standing deliberate pattern. Many professionals describe the incestuous family as having many problems, with the incestuous behavior as only a symptom. In parental incest families, parents abuse

their authority in order to gratify their own needs. As a result, exploitation is practiced within the family.

Although there is a wide variety of individual differences among incestuous families, there are certain dynamics operating which are common in many cases. These dynamics are as follows:

- Social isolation: The family has few relationships outside of the family unit. There is a heavy dependence upon family members to meet emotional and sexual needs.
- Changed, unpredictible family role relationships: The sexual relationship between the mother and father has deteriorated. The daughter and mother may experience role reversal. The daughter may assume household responsibilities, take care of the mother and care for the other children. The role of both father and mother become unpredictable and confusing to the child. There are no limits on members with respect to bodies, belongings, personal space.
- Poor communication with each other or outsiders: Denial and lack of empathy among the family contribute to poor communication with each other or outsiders.
- Sociological factors: Marital problems, spouse abuse, absence of the mother due to death or divorce are often characteristics of incestuous families. Additional factors include financial problems and unemployment with the resulting low self-concept and identity problems. These factors can increase stress and the likelihood of sexual abuse.
- Substance abuse problems: Forty-four percent (44%) of the offenses of child sexual abuse occur while the offender is under the influence of alcohol or drugs which break down natural restraint.

The key to incest is often the relationship between the father and mother. Characteristics of the father and mother are as follows:

Father

- Often a rigid disciplinarian, needs to be in control of the family
- May appear passive outside the home
- Usually does not have a criminal record
- Socially isolated (has few close friends)
- Jealous and protective of the child victim
- May abuse alcohol/drugs
- May have been sexually abused as a child

Mother

- Knows about the sexual abuse but consciously or unconsciously allows it to happen and continue
- Denies abuse exists to preserve the family (may fear being on her own)
- Encourages role reversal with daughter
- May feel jealous and guilty toward her daughter
- May have been sexually abused as a child

IV. Laws Concerning Child Sexual Abuse

1. Introduce the topic by presenting the following information:

Sexual abuse of children is a legal problem as well as a social problem. Child sexual abuse is a criminal offense in every state and is more frequently the subject of criminal prosecution than any other type of child abuse or neglect.

As a result of greater public awareness, federal laws were passed during the 1970's dealing with sexual abuse and exploitation of children.

The federal government can prosecute producers and distributors of child pornography, and can impose penalties for transporting minors across state lines for prostitution.

In West Virginia, laws concerning child sexual abuse and exploitation are found in the Public Welfare Law, Chapter 49, and in the criminal statute, Chapter 61. Legal definitions of child sexual abuse, assault, contact and exploitation can be found in Appendix 1. Reporting procedures of child sexual abuse follow the same proceedings as for child abuse/neglect as outlined in Chapter 49 of the Public Welfare Law.

In relation to reporting suspected cases of child sexual abuse, the following excerpts from the law should be reviewed:

- Persons mandated to report suspected abuse/neglect include medical, dental, mental health, Christian Science practitioner, religious healer, school teacher or school personnel, social service worker, child care or foster care worker, emergency services personnel, peace officer or law enforcement officer.
- Reports of child abuse/neglect should be made immediately by telephone to the local Department of Human Services office. A written report within 48 hours may also be requested by the Department of Human Services.
- Any person acting in good faith shall be immune from any civil or criminal liability.
- The privileged quality of communications between husband and wife and between professional persons and clients are eliminated in situations involving suspected or known child abuse/neglect.

- Any person, official or institution required by law to report who fails to do so or knowingly prevents another person from doing so, is guilty of a misdemeanor. If convicted, they will be fined not more than $100, or confined in the county jail not more than 10 days or both.
- Reports of child abuse/neglect alleging that a custodian is the perpetrator should be made immediately to the local Department of Human Services office. Custodian refers to those persons who have or share actual physical possession or care and custody of a child. (Examples include school teachers, day care providers, babysitters, and Head Start staff.)

In child sexual abuse cases, civil and/or criminal court actions may occur. In a civil court case, the children's protective service legal process will begin. Judicial action may include removing the child from the home, and ordering the needed treatment for the child and family.

In criminal court, the perpetrator may be prosecuted in West Virginia for offenses including sexual assault, sexual contact, exploitation, and incest. The incest penalty in West Virginia (upon conviction) is confinement in the penitentiary not less than five nor more than ten years.

Some experts feel prosecution is necessary in order to protect the child and rehabilitate the perpetrator. Criminal action also indicates to the family and community that sexual maltreatment will not be tolerated, and the perpetrator must accept the consequences.

To lessen anxieties associated with court involvement, the child should receive careful preparation by the CPS social worker or lawyer. This may include visiting an empty courtroom and role playing to prepare for a trial.

2. Lead a discussion with the following questions:

- Why are certain persons mandated to report suspected cases of child sexual abuse?
- What is the penalty for failure to report?
- Is prosecution necessary to ensure that the child is protected and the perpetrator rehabilitated? Why or why not?

V. Reporting Child Sexual Abuse Cases

1. Introduce the topic by providing the following information:

As in all child abuse or neglect cases, effective reporting of sexual abuse depends on the leadership and support provided to the staff by the day care center director. The director will be responsible for ensuring that staff is trained in the area of sexual abuse, managing a reporting policy and procedures, and creating a climate of support and trust.

Legally and morally, child care staff have the responsbility to report suspected cases of sexual abuse. It is not the staff's responsibility to prove sexual abuse has occurred, contact the family, or determine a cause. The Child Protective Services social workers have the legal authority to investigate and validate reports of child sexual abuse. Law enforcement personnel have the responsibility to determine if a crime has been committed.

The following guidelines developed by Plummer will eliminate staff confusion about when child sexual abuse should be reported:

- Whenever children tell you that they have had sexual contact with an adult (person over 18 years old), i.e., fondling or touching, intercourse, used sexually in photographs, films or video.
- Whenever children tell you that they have been forced or tricked into sexual contact with another child (particularly a child four years of age or older).
- Whenever a friend or acquaintance of a suspected victim tells you the child has reported such abuse to them.
- When physical evidence of sexual abuse is discovered (physical injury or irritation in genital areas, or venereal disease).

The steps you should follow in reporting a suspected case of child sexual abuse include:

1. Call the local West Virginia Department of Human Services, Child Protective Services Unit or the West Virginia Child Abuse Hotline, 24-hour toll free: [1-800-352-6513].
2. Provide as much specific information as possible.
3. Complete a written report if requested by the Department of Human Services.
4. Document any information supplied to the Department of Human Services (see Appendix 3).
5. Maintain confidentiality concerning the situation to those professionals involved. Refrain from gossiping about the case.
6. Treat the child the same as always.

Within 24 hours after you have made a report (or immediately if the child is in danger), a Child Protective Services (CPS) social worker

should initiate an investigation. In cases of sexual abuse, a medical examination is also included. The CPS social worker will contact law enforcement personnel if needed. No reference will be made to the family regarding the source of the report.

If the CPS social worker finds no evidence of sexual maltreatment, the case will be closed. Should the report be substantiated, steps will be taken to protect the child and develop a treatment plan for services. Therapy with sexually abused children and their families occurs at two stages: (1) crisis intervention (immediately following the sexual abuse or its disclosure); (2) ongoing intervention (which may be long-term). The different types of therapy include individual, group, marital and family. As discussed previously, the court is often used as a leverage in the evaluation and treatment process. Review the flow chart in Appendix 7 which shows what happens to a report.

2. Lead a discussion with the following questions:

- When should a sexual abuse case be reported?
- If a reported sexual abuse case is not substantiated (proven), what is the next step for the day care staff?

VI. Immediate Response Techniques to a Sexually Abused Child

1. Introduce the topic by providing the following information:

Learning that a child has been sexually abused can be painful and overwhelming. The best response is to go slowly, not ask for too much too quickly, and to keep the focus on the child's needs.

Try not to show shock or any negative reaction to the child. Take time to compose your thoughts. Adams and Fay suggest the following response techniques:

- Reassure the child that you are glad she told you. When the child first starts talking about the assault, she can be helped by gentle questions: "Can you tell me what happened?" or "How were you able to tell?". Don't pressure the child to talk. Refrain from asking leading questions (e.g., "Did Daddy do this to you.?"). Understand that young children rarely make up stories about sexual abuse. Generally, children will choose something less embarrassing to themselves if they decide to lie.
- Know the child is not at fault. Many children assume the guilt for being abused and for causing the crisis in the family by telling about it.
- Say you are sorry about what happened. Keep your feelings and reactions separate from those of the child. Feeling outraged and angry when a child is sexually abused is common. It is hard to focus on what the child needs and deal with your own anger at the same time. You might say, "I'm angry because this happened to you, but I'm not mad at you."
- Do your best to protect and support the child. Provide as many reassurances as possible that what happened to him happens to lots of children, and that he is not at fault. Let the child know you like him and treat him with the same warm regard. Take care that you do not change your behavior or tone of voice in any way when relating to the child. Find opportunities to raise his sense of self-esteem.
- Protect the child by being available for the child to talk to you and by working closely with the CPS social worker.

- Do not promise the child anything in particular that will happen as a result of telling you about the sexual abuse. Often, the child's trust in adults has been badly betrayed by the abuse. Promising action that may or may not occur can add to the sense of betrayal.

Upon disclosure, you should:

- Demonstrate your belief in what the child has shared.
- Reassure the child that you will assist her in getting help. Tell the child you will be calling Child Protective Services, and explain what the social worker will do.
- Emphasize that the problem is not the child's fault.
- Praise the child for reporting.

If a child has reported abuse to you, immediately report the situation to Child Protective Services. After the case has been reported to CPS for investigation, your role as day care staff is the following:

- Provide as normal and supportive an environment as possible at the center.
- Be ready to listen but do not pry.
- Recognize and reinforce the child's sense of self-worth.
- Don't avoid all touch, but ask for permission first (i.e., "How about a hug?").

2. <u>Lead a discussion with the following questions</u>:

- How should you respond if a child reports being sexually abused to you?
- When should you report information to CPS?
- What is your role once the case has been reported?

3. Complete the following activity:

Two prime components critical to successful detection and reporting of child sexual abuse are information and skill. Information is shared in many ways, but skills are learned primarily through practice. The use of role play gives staff a creative and effective opportunity to protect children. Role play activity 3 in Appendix 4.

ADDITIONAL ACTIVITIES

1. Describe the profile of the incestuous family. How does the incestuous family differ from the non-incestuous family?
2. List the services for sexual abuse victims and their families in your community. What changes should occur to better help these families?
3. Practice skills in detecting a child sexual abuse case. Role play using activity 2 of Appendix 4.

COMPETENCY EVALUATION

At the completion of the Detection and Reporting of Child Sexual Abuse workshop, day care center staff will be able to:

1. Define child sexual abuse.

   (Sample acceptable response: Forced or tricked sexual contact between a child and adult or older child for the sexual gratification of the offender.)

2. Name the types of sexual abuse and give examples of each.

   (Sample acceptable response: Touching - fondling, vaginal, anal, oral penetration; Non-touching - verbal sexual stimulation, obscene telephone calls, exhibitionism, etc.)

3. Understand the scope of the child sexual abuse problem.

   Answer true or false.

   a. Child sexual abuse is usually a single incident. (False)

   b. Incest is the most common form of child sexual abuse. (True)

   c. Child sexual abuse is always the responsibility of the perpetrator. (True)

   d. Children are not at risk of being sexually abused when they live with a stepfather or mother's boyfriend. (False)

   e. There are common characteristics shared by incestuous families. (True)

   f. Fathers are most often the perpetrators of incest. (True)

   g. Offenders are usually strangers to children. (False)

   h. The average victim of child sexual abuse is six years old. (False)

   i. The incest relationship breaks down trust in both the adult offender's and the child victim's self concept. (True)

4. Name three physical and behavioral signals that might indicate sexual abuse.

(Sample acceptable response: Physical signals - torn, stained, bloody underpants; bruising, swelling or tears to the genitalia or anal areas. Behavioral signals - sexual acting out with peers and toys, regression to babyish habits, age-inappropriate understanding of sexual behavior.)

5. Profile the incestuous family.

(Sample acceptable response: The family has few relationships outside of the family unit. There is heavy dependence upon family members to meet emotional and sexual needs. Children's friendships with peers are limited or forbidden. The roles of the mother and daughter become reversed. The marital relationship has deteriorated. There are poor communication patterns, and undefined limits on bodies, belongings and personal space.)

6. Understand the legalities of child sexual abuse reporting.

Answer true or false.

a. There are criminal and civil laws in West Virginia to protect children from sexual abuse. (True)

b. Child care workers are included among the persons mandated to report suspected child abuse cases. (True)

c. The incest penalty in West Virginia (upon conviction) is confinement in the penitentiary not less than one nor more than ten years. (False)

d. Criminal action indicates to the family and the community that sexual maltreatment will not be tolerated and the perpetrator must accept the consequences. (True)

7. Explain the steps day care staff should follow when sexual abuse is disclosed.

(Sample acceptable response: Demonstrate your belief in the child, reassure the child and emphasize that it is not his fault. Provide a normal supportive atmosphere at the center and be ready to listen, but not to pry. Refrain from gossiping about the child.)

8. Outline the procedure to follow when reporting a case.

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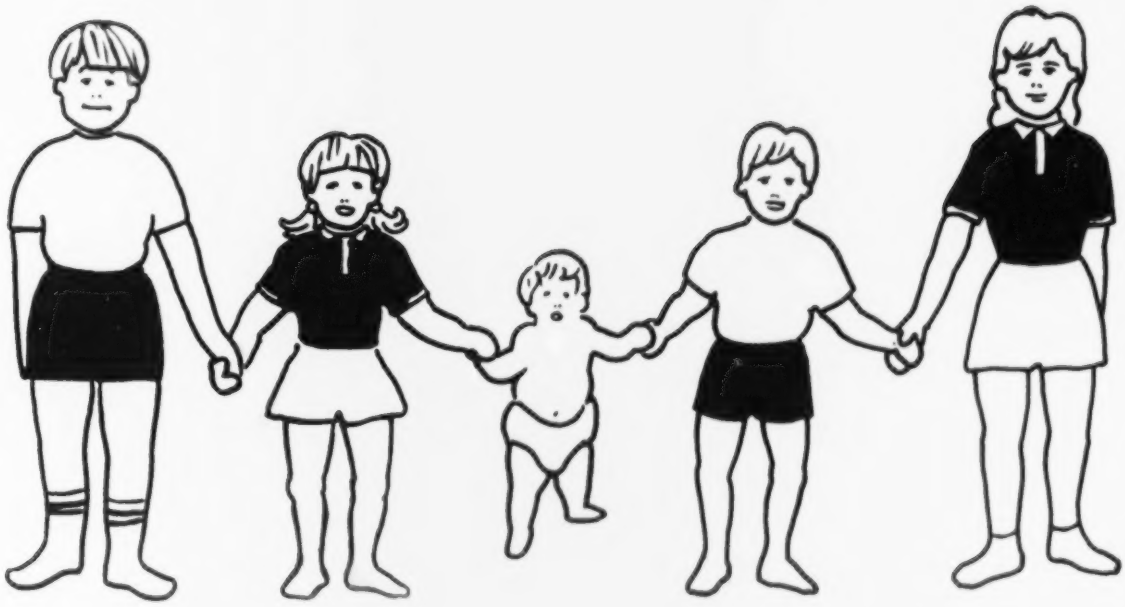

Sexual Development of Children from Birth Through Eight Years

SEXUAL DEVELOPMENT OF CHILDREN FROM BIRTH THROUGH EIGHT YEARS

By Diane W. Mufson, M.A.

PURPOSE

In this workshop, day care center staff will learn about the sexual development of young children. Staff will become aware of the impact of sexuality between birth and eight years, as well as how this affects caring for and interacting with young children. Staff will also have the opportunity to explore their own knowledge and attitudes about child sexuality.

OBJECTIVES

At the completion of the workshop on Sexual Development of Young Children, day care staff will be able to:

1. Recognize that sexuality in young children is a normal and expected part of development.
2. Understand what is typical and expected in a child's sexual development.
3. Understand that dealing with some normal and developmental sexual behaviors often causes discomfort for adults.
4. Be aware of how their own upbringing affects their dealing with child sexual behaviors.
5. Be better prepared and feel more competent to handle certain situations involving childhood sexuality that may occur in the center.
6. Be able to anticipate and deal with differences in home and day care sexual information/experiences.

OVERVIEW

During the workshop on Children's Sexual Development, the trainer will:

1. Introduce the topic of the normalcy of sex interests in children and then lead a "brainstorming session." During the brainstorming, you and staff will think of many issues involving childhood sexuality with which you have had to deal. Use a chalkboard (or large pad and felt marker) to display these ideas.
2. Present information in the form of a handout (see Appendix 8) to illustrate some typical and expected childhood sexual behaviors for ages 0-8 years.
3. Using this handout, lead a discussion about how some of these behaviors cause discomfort for adults, encouraging comments/questions.
4. Arrange small group discussions (4-6 participants) to provide an opportunity for staff to identify some of their own attitudes/feelings about dealing with children's sexuality.
5. Present information on some basic areas/questions about sexuality that day care staff must be prepared to handle.
6. Provide suggestions for ways staff can anticipate and work with problem parental responses to sexual information/experiences reported from day care.

MATERIALS NEEDED

- Chalkboard and chalk (or large pad on an easel and felt marker).
- Handouts describing expected sexual behaviors in childhood (Appendix 8).
- Pencil/paper for every 4-6 participants.

PROCEDURE

I. Introduction of Sexuality in Children

1. Introduce the topic by presenting the following information:

Sexuality, and behaviors related to it, is one of the basic needs in all people. For many years, people chose to believe that sexual interest and behaviors could not appear in children, since children were pure and innocent. They also believed that if children were given information about sexuality, they would want to know more, maybe try out what they knew, and no longer be naive. Therefore, adults made a real effort to keep sexual information from children and sometimes adolescents. This has often had negative results.

A second reason adults have kept this information from children is that they, themselves, feel uncomfortable dealing with it. We will explore this later on. We are all familiar with stories of "the stork" and "the cabbage patch" to avoid dealing with the realities of life.

However, adults cannot avoid dealing with sexuality in children because it is connected with touching, holding, cuddling, kissing and other kinds of intimate care that babies need to grow up emotionally healthy. We know from studies of humans and animals, that if they are deprived of these warm and loving touches, they may grow up with serious emotional problems and as adults even be unable to care for their own children appropriately.

Long before children are grown up, they know what feels good and gives them pleasure. This is the beginning of sexuality. In the very beginning of life, the child responds with pleasure to being held, stroked and comforted. However, sexuality actually starts before birth as some

studies have shown evidence of penile erection while the fetus is still in the womb.

A final reason adults are involved in childhood sexuality is that they are very concerned with toilet training. The organs involved in this are, obviously, highly related to the sex organs. Therefore, we know we must deal with sexuality in young children. Most of us have already had to deal with some aspects of child sexuality.

2. Based on this information, conduct the following brainstorming activity:

Explain to the participants that you will ask them to quickly think of some questions or issues that they have had to deal with regarding childhood sexuality. Use the chalkboard (or large pad) to list these as people call them out. If staff seem unable to think of any immediately, give one or more of the following examples.

- A three-year old girl tries to urinate standing up.
- A four-year old boy asks a pregnant woman, "How did the baby get in there?"
- Two five-year olds are found playing doctor.

After the list is made, note that many of these behaviors are normal and expected, and in a few minutes we will look at this.

II. Adult Discomfort Regarding Childhood Sexuality

Lead a brief discussion on some sexual behaviors of children that make people uncomfortable.

Distribute the handout on expected sexual behaviors in childhood (Appendix 8). Referring to the handout, have staff pick out a few (at least 3) behaviors that make them or others feel discomfort. Address these issues:

- Why are these behaviors more of a problem than others?
- How do you generally handle these situations?

Note that the next activity will encourage each person to recognize how and when they developed their attitudes/feelings about child sexual behavior.

III. Understanding Why We Feel the Way We Do About Children's Sexual Behavior

Direct small (4-6 people) group discussions to discover how our feelings/attitudes about sexuality in children came about.

Have each person in the group come up with something they heard when they were a child that had to do with attitudes/feelings about sexual behavior. Give an example or two, to make staff more comfortable in doing this, i.e.:

- Nice people don't ask those questions.
- Your brother was brought by the stork.
- Don't play with yourself; it will make you sick.

Remind the participants they do not have to talk about any personal information, but rather ordinary things that are often talked about.

Have one person in each group serve as recorder. After the groups are finished, have the recorder share the information with the whole group.

In the discussion that follows the small group reports, make sure the following points are covered:

- Different families give different messages about sexuality.
- As adults we often have the feelings from messages given to us as children, although we may question them now. If our parents' message was that sexual information/activity for children is clearly wrong, then as adults we may find it difficult to give

such information or handle sexual behavior in children, even though it is part of our job.

- Young adults and older children today may be much better informed regarding sexuality than people over 35 years. The times and the media have changed greatly in the last 20 years.
- Families today continue to give different messages in sexuality depending on their experiences, backgrounds and belief systems. Young children of the same age and sex may have very different sexual information.
- Even if you feel uncomfortable dealing with children's sexuality, go ahead and try. Don't lie. Give simple honest answers. Even if your face feels red and you know you are embarrassed, it is better to be honest with children.
- When you feel uncomfortable about handling sexual concerns of the children, try to find another staff member or the director for support or ideas. No one has perfect answers at all times.

IV. Encouraging Feelings of Competence in Dealing with Child Sexual Issues

1. Lead a discussion of the following information:

One way to feel more comfortable with a subject is to anticipate what you will be asked and have some answers. For example, if you have a three-year old boy observing a young female baby (often at diaper changing time), you can almost predict that the boy will say something to the effect, "Where's her penis (or whatever he calls a penis)?". The adult can respond in many ways, such as saying, "Little girls don't have penises, they have vulvas (the really correct word) or vaginas (the more commonly used word); that is one of the differences between boys and

girls." Of course, there are other responses which achieve the same end and give factual information. However, some people choose to respond by saying, "Don't ask silly questions," "Go play with your fire engine," etc. This is not helpful because it avoids the issue. However, if asked about your own body, do not feel obligated to give personal information about yourself. Consider sharing this information through a book/story to illustrate the point.

The following are some questions/situations day care staff may encounter. Potential responses are also suggested.

- Question from a girl: "Will I get a penis when I grow up?" Answer: "No, you are a girl and girls have vaginas. Boys and girls are made differently."
- Question to a pregnant woman: "Do you have a baby growing in there?" Answer: "Yes." Question: "How'd it get in there; did you eat too much?" Answer: "No, I didn't eat too much, but there is a baby in there. It's growing because an egg has been fertilized and it will be a baby soon."
- Situation: Four year old rubbing his penis during story time. Response: Take child aside. Point out that you realize it feels good, but there are some things that we do in private places, like our own bedrooms, because other people do not feel comfortable when we do them. Masturbation is a very normal part of growing up, so child should not be made to feel bad about it. Most children, unless restricted, play with their genitals at some time.
- Situation: Two five-year olds playing "doctor." Response: Tell them you understand they are enjoying the game and perhaps are curious about what each other's bodies look like, but this is not

the right game for now. Suggest other activities and provide some kind of book/story that will satisfy their curiosity.

- Situation: Six-year old who always seems to try to touch your body, especially your breasts. Response: Explain that you know that it is nice to have people hold and touch you, but that each person decides if he wants to be touched in certain places and at certain times. Let the child know that you don't want him to touch your breasts.

2. Have the group think of any other situations they have run into that they wish they had some answers for, and then see if staff can offer some suggestions.

Reinforce the main ideas in dealing with children's sexuality, including:

- Sexual behaviors will be displayed.
- Be as honest as you can and still feel comfortable.
- Don't lie; forget the stork!
- Do not tell the children they are bad, sick, stupid, etc., for showing sexual behaviors, even if you have been raised to believe that.
- Try to give brief statements of why particular sexual behaviors are not appropriate at the center.
- It is fine to tell children that there are times and places for behaviors (i.e., they do not wear a bathing suit in the snow).
- Use the standard adult words or those that most adults recognize for sexual behaviors and body parts, i.e.:

  Penis
  Vulva/vagina
  Uterus
  Nipple/breasts
  Scrotum/testicles

V. Ideas about Parent/Day Care Conflicts Over Child Sexual Behavior

Lead a discussion and use the chalkboard (or large pad) to highlight some points covered below:

Parents have different values and expectations regarding children and sexuality. Therefore, children come to day care with their families' values. Parents rarely become upset if the center does not give information about sexuality. They generally believe it is the parents' right and privilege to provide sexual information. This is a good general principle, and usually there is not conflict between school and home until grade levels where "sex-education" is introduced. While the day care/school may find that situations arise which necessitate talking about sexuality, it is not the center's desire to take away from the parents' responsibility.

However, sex and matters related to it will appear from the very earliest stages, as we know from discussing the development of children's sexuality. There are likely to be two sets of day care/parent conflicts. The first set (Table I) includes those cases where the family setting provides more information than the center setting.

TABLE I

Family Experience	School Behavior
Nudity OK at home	Can't see need for clothing Knows a lot about the body
Sees older brother masturbate	Masturbates in school regularly
Child uses correct name for penis	Peers say child shouldn't use that word

The second (Table II) type of day care/parent conflict is likely to disturb parents more. In this case, the child gains more information/activity at the center than the parent desires. Examples of this are as follows:

TABLE II

School Experience	Home Behavior
Girl sees boy urinating standing	Tries same at home; parents want sexes toileting separately
Four-year old learns stork isn't real	Parents feel own values challenged
Five-year old learns lots of "bad" words	Parents threaten to take child out of center

If time permits, provide an opportunity for staff to relate home/day care sexuality conflicts which they have encountered.

Suggestions for handling parent/day care conflicts are:

- Honestly tell parents that real names are used for body parts, that children learn there are differences between boys and girls, and that all children display curiosity and interest in their and other people's bodies.
- Agree with parents that children have the amazing ability to learn "bad" words without much teaching. Both the center and parents can encourage the child to use more appropriate language.
- Encourage the parents to answer children's questions about sex/reproduction honestly.

ADDITIONAL ACTIVITIES

1. Develop an on-going list of books on children and sexuality for use by staff and parents. Have such references available for parents if the need arises.

2. List three frequent difficult questions/behaviors from children at your center regarding sexuality. Have staff role-play child and teacher roles in dealing with those situations.

3. Arrange for a speaker to come to a parent meeting and discuss children's sexual behavior.

COMPETENCY EVALUATION

At the completion of the workshop on Child Sexual Development, the day care staff will be able to:

1. Identify one example of a problem they have faced (or are likely to face) in the classroom regarding child sexuality and one possible reason that this behavior occurred.

   (Sample acceptable response: Problems - masturbation, "playing doctor"; Reasons - felt good, curiosity, growth/maturation.)

2. Give two examples of sexual behaviors that are expected sometime in the child's first eight years.

   (Sample acceptable response: Masturbation, questions about pregnancy, comparisons between boys' and girls' sex organs.)

3. Recognize at least two examples from their own or co-workers' early experiences that may affect how they now handle young children's sexuality.

   (Sample acceptable response: Taught that sex is "not nice" to ask/talk about, feel uncomfortable using correct names for sex organs, feel uneasy when seeing a child touching his/her genitals.)

4. Be prepared to deal with the following commonly asked questions or behaviors regarding sexuality:

   a. Where do babies come from?

   b. Why don't I have breasts like yours?

   c. Why can't I "do this" (touch genitals) during story time?

   (Sample acceptable response:

   a. Babies grow when an egg is fertilized.

   b. For girl: When you grow up you will have bigger breasts.
      For boy: Boys have breasts, but they do not grow in the same way as do girls.

c. Masturbating is something that is done in a private place, not in the classroom.)

5. Identify one possible issue of conflict between home and day care centers regarding child sexuality. Suggest at least one way to handle such a situation.

(Sample acceptable response: Issues - Child learns and uses "dirty words," child has more information than parents want him to have; Responses - Explain to parents how children learn from each other and offer a reading list with materials to help parents feel more at ease in dealing with their child's interest in sexuality.)

RESOURCES

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Protecting Children from Sexual Abuse

PROTECTING CHILDREN FROM SEXUAL ABUSE

By Charlotte Flanagan and Rebecca King, M.A.

PURPOSE

In this workshop, day care center staff will learn how to implement a program to reduce the risk of child sexual abuse. Preparing staff to teach personal safety skills will be presented by examining myths and personal feelings about sexual abuse. Staff will also learn the importance of teaching children to protect themselves, and the skills and information which should be included in a prevention program. In addition, building a partnership with parents in presenting personal safety skills will be discussed. Strategies to enable day care centers to become community leaders to reduce the risk of sexual abuse of children will be provided, along with a resource list of materials and programs.

OBJECTIVES

At the completion of this workshop, day care center staff will be able to:

1. Know the importance of implementing a child sexual abuse prevention program.
2. Recognize the myths surrounding educating children about sexual abuse.
3. Identify personal fears and concerns about teaching children to protect themselves.
4. Explain specific techniques that offer protection to children.

5. Become familiar with current educational resources and materials used to reduce the risk of child sexual abuse.
6. Select and implement a child sexual abuse prevention program for your center in partnership with parents.
7. Develop strategies that will enable the day care center to be a community resource to reduce the risk of child sexual abuse.

OVERVIEW

During this workshop you will:

1. Present and discuss information on the importance of teaching children to protect themselves from sexual abuse.
2. Discuss myths surrounding the teaching of young children about sexual abuse.
3. Help staff identify personal fears and concerns they have in regard to teaching children personal body safety techniques.
4. Present specific messages children must know to protect themselves from sexual abuse.
5. Select and implement a child sexual abuse prevention program.
6. Present and discuss ways to create a partnership with parents to protect children.
7. Present ideas on how your center can serve as a community resource to reduce the risk of child sexual abuse.

MATERIALS

- Newsprint pad, easel, markers; or chalkboard and chalk
- Handout entitled "Factors Affecting Response to Incest and Sexual Abuse" (Appendix 9)
- Handout entitled "Educational Resources, Materials and Organizations" (Appendix 11)

PROCEDURE

I. An Overview of the Importance of Safeguarding Children

1. Introduce the topic by presenting the following information:

During the last several years, publicity has continued to increase concerning the sexual abuse of children. Experts in the field report:

- At least one in four girls and one in eight boys will be sexually abused before they reach 18 years of age.
- In any classroom setting of 20 children, there will be at least three sexual abuse victims.
- Less than 10% of child sexual abuse comes to the attention of the authorities.
- 75-95% of sexually abused children are assaulted by someone they know, most often a relative.
- Incest, which is most often reported, occurs in all races, economic classes and educational groups.
- Most children do not tell about sexual abuse because they do not know it is inappropriate and/or they may be forced to keep the situation a secret.

The child sexual abuse problem is compounded by the lack of training of parents and professionals on how to teach children to protect themselves. The concept and information available about child sexual abuse prevention is new. Because of increased publicity and reporting, more day care centers across the country are confronting the issues of child sexual abuse. Through their daily contact with children, staff are actively involved in reporting, training and implementing programs to prevent children from being sexually abused. Ideally, any prevention program should invite parent involvement and cooperation.

The remainder of this workshop will focus on the steps which should be taken in implementing a child sexual abuse prevention program. These steps include the following:

1. Prepare staff to teach personal safety skills. Examine the myths and discuss personal feelings about the subject.
2. Include essential, basic information on what children should know in order to protect themselves.
3. Develop a partnership with parents to include them in the educational process of child abuse prevention.
4. Research and review materials, programs, resources.
5. Select and implement a program which best suits your goals.

2. Lead a discussion with these questions:

- Why should day care staff teach children to protect themselves from sexual abuse?
- Why do some children not tell about sexual victimization?
- What steps should you take in implementing a prevention program?

II. Myths and Fears, and Personal Feelings

1. Review the following myths about sexual abuse, and discuss any personal feelings or fears staff may have about the subject. Preparing staff to teach personal safety skills is essential to the success of your program.

Myth - A sexually abused child somehow encourages or wants the abuse.

This myth attempts to excuse the behavior of the offender by placing the blame on the victim. Sexual abuse involves the sexual use of a child by someone older, bigger and more knowledgeable. The offender is always responsible for the abuse, never the child.

Myth - Children lie, fantasize and make up stories about sexual abuse.

Children usually have no frame of reference about sexual abuse unless they have witnessed sexual acts, or have been forced to participate in an abuse situation. Therefore, children rarely lie, fantasize or make up stories about sexual abuse.

Myth - Sexual abuse cases always involve violence.

Physical violence is rarely used because the offender wants to keep the abuse secret, thus protecting himself.

Myth - Children who are taught about sexual abuse will confuse normal touching with sexual abuse.

Children are rarely confused about sexual abuse and normal touching. Children recognize uncomfortable feelings when they are tricked or manipulated into unwanted touching. They do not confuse "bad touching" with loving, nurturing touching. They need to be taught that their feelings are real, and that they have a right to communicate those feelings in an abusive situation.

Myth - Children will be fearful of adults.

Since children are so trusting of adults and often admire older children, they are at risk of being sexually assaulted. A prevention program develops skills and warning signals that alert children when an older child or adult attempts to trick or bribe them into unwanted touching. Children can become cautious and assertive while still maintaining healthy relationships with adults.

Myth - Children who learn about sexual abuse will be afraid of being molested.

Children who are not educated about sexual abuse think of molestation as being a more violent act than children who learn about the subject.

Myth - Children who learn about sexual abuse will not want to be touched.

A prevention program will teach children about many types of touching. They will learn the types of touch that indicate the need for an assertive response of "no", what sexual touch means, and how to tell a trusted adult if it occurs. Child sexual abuse prevention programs reinforce appropriate touching. Touching is important if children are to develop into well-adjusted adults. Day care staff can provide genuine, physical, loving touching while respecting a child's individual wishes regarding touch. Staff may want to review the "Touch Policy" as presented in An Ounce of Prevention: An Administrative Guide for Day Care Center Directors, Chapter 4.

2. Lead a group discussion of the following questions to determine any fears or resistance toward teaching children about sexual abuse prevention techniques:

(Note: Realize that one or more members of your staff may have experienced sexual abuse as a child and could continue to carry some emotional pain from the incident(s). Reaffirm at every opportunity that children are not at fault and that for the first time, children are being encouraged to tell and end years of silent suffering. Adults who were abused as children must be given permission to stop feeling guilty and blaming themselves for what happened. Should a staff member disclose having been a child sexual abuse victim, thank them for sharing and arrange a meeting later to discuss sources of help.)

- In your opinion, can child sexual abuse be prevented? Why or why not?
- What are other myths about teaching preschool children about sexual abuse? List and discuss them.
- Do we agree that our center should take a leadership role in preventing child sexual abuse?

After your staff has reached a consensus about implementing a program, the next step will be to review the basic information which children should know, and how to present the material.

3. Complete the following activity:

As part of your staff meeting, have each person complete the worksheet entitled "Factors Affecting Response to Incest and Sexual Abuse" (Appendix 9).

III. What Children Need to Know

1. Introduce the topic by presenting the following information:

Many parents and professionals have not attempted to teach children about sexual abuse because they are unclear about what children need to know, and do not know the proper way to present the information. The most popular technique to providing sexual abuse material is to treat the subject as a safety topic. Just as children are taught fire,

bicycle and home safety techniques, personal body safety can be as easily presented.

Parents and day care center staff can prepare children to avoid potential abuse situations. These prevention strategies can be taught in a variety of ways that incorporate fun into the learning situation.

Children can learn to protect themselves from sexual abuse by practicing the three R's: Recognize, Resist and Report. Any program which you implement should include information in the following areas.

- Teach children that some parts of their bodies are private. Explain that these are areas covered by their swim suits.
- Help children learn the correct names of their private body parts. Children should know that their breasts, buttocks, anus and genitals (penis, vagina, vulva) are their private parts. Emphasize that no one has the right to touch these private areas even through clothing with the possible exception of a parent or teacher dressing a child or helping with toilet needs, or a health professional conducting an examination in a medical office. In addition, stress that children should not touch others on their private body parts.
- Help children identify different types of touching. Children recognize appropriate and inappropriate touching by how they feel. Good touching is associated with good feelings, bad touching with mixed-up or uneasy feelings. (Use the Touch Continuum in Appendix 10 to present this information.)
- Back up a child's right to say "no" to unwanted touching. Tell children they have a right to decide who touches them. "No" should be said firmly whenever the child encounters unwanted touches.

- Set up guidelines for keeping secrets. The sexual abuse offender relies on the child's willingness to keep secrets. Many children are manipulated into keeping the sexual abuse secret for years.
- Teach children how to tell. Help them identify three people (in addition to their parents) with whom they think they could talk. The reason to look beyond the family unit is because the perpetrator may be a parent. Having day care center staff identify themselves as people the children can tell provides great reassurance.
- Use games and stories to reinforce prevention concepts. Puppets, what-if games, story telling, books, films and coloring books are useful materials to illustrate personal body safety. The information can be presented alone or as part of safety games covering other topics.
- Encourage children to trust their own feelings. Safety rules alone may not protect children from all potential abuse situations. Help children rely on their feelings which tell them if a touch is good, bad or confusing.
- Accept children as they are and treat them in a nurturing, respectful manner. Use techniques to build their self-esteem.
- Use every opportunity to emphasize the concept of good touch. Throughout the day as children work and play together, remind them when you see examples of good touch (hugs, pat on the back, cuddling, touch on the hand).
- Stress to children that they are not at fault if sexual abuse occurs.

2. Lead a discussion with these questions:

- What are the three R's of a child sexual abuse prevention program?
- Name three techniques that teach children to protect themselves from sexual abuse.
- How can good touch be reinforced in your center?
- Why should children identify someone to tell in addition to their parent(s)?

3. Complete the following activity:

Distribute the Educational Resources handout (Appendix 11) and discuss resources your staff would like to review.

IV. Selecting a Child Sexual Abuse Prevention Program

Introduce the topic by presenting the following information:

Based upon the information presented in this workshop, your center staff may want to develop their own child sexual abuse prevention program, or select one that has already been developed. New programs to protect young children from sexual abuse offer a variety of choices. Since the prevention effort is so new, it is too early to evaluate program effectiveness. Selecting the best program must be done with caution.

Information basic to a sexual abuse prevention program includes teaching children: (1) their bodies are their own, (2) they have a right to say "no" to unwanted or confusing touch, (3) to follow their instincts, (4) to tell a trusted adult if they have been touched in a way that is confusing or frightening.

The program should include a training component for staff and one for parents. Parents and the day care staff should be shown how to form a partnership to protect children.

The following programs have been reviewed by the authors and are recommended as possible choices.

Talking About Touching With Preschoolers - This personal safety curriculum is designed to help children learn to protect themselves from exploitation, particularly sexual exploitation. It can be integrated into the safety program within any school or day care setting.

The curriculum provides information and self-protective skills that will reduce children's vulnerability to abuse. The curriculum is designed to teach touching, saying "no" and telling. Each lesson is based on a story and includes a picture to be shared with the class. The lesson plan and notes to the teacher appear on the reverse side of the card. Teacher and parent training is included. Talking About Touching Program, Committee for Children, P. O. Box 15190, Seattle, Washington 98115, (206) 322-5050. Cost: $45.

Child Sexual Abuse Treatment and Prevention Program - This comprehensive personal safety curriculum is designed to help children and parents prevent sexual abuse. Structured for students in preschool and those in grades kindergarten through high school, the program is easily adapted for age-appropriate information.

Program components include the essentials on defining touch, assertiveness, whom children should tell and skill development of both parents and staff. Each lesson is clearly developed and designed for easy presentation. Child Sexual Abuse Treatment and Prevention Program,

Council on Child Sexual Abuse, Tacoma School District, P. O. Box 1357, Tacoma, Washington 98401, (206) 593-6624. Cost: $20 plus shipping charges.

The Happy Bear Program: Teaching Preschool Children About Sexual Abuse - Three major skills are taught in the Happy Bear Program: recognizing, resisting and reporting sexual assault. These skills are taught in three fifteen to twenty minute lessons which focus on the key concepts children need to know to reduce the risk of abuse.

A live play using humor and audience participation reinforces the learning concepts offered in the lessons. Happy Bear is designed to invite strong parent/teacher involvement throughout the school year. The training manual tells how to successfully implement the program. Happy Bear, Kansas Chapter NCPCA, 435 S. Kansas Avenue, Second Floor, Topeka, Kansas 66603, (913) 354-7738. Cost: $25, plus materials for bear costume.

V. Working With Parents to Protect Their Children

Introduce the topic by providing the following information:

Any prevention program which you implement at your center must include an educational component for parents. Parents should be available to answer questions, and to be a continuing source of information about personal safety to their child. However, many parents may hesitate to discuss sexual abuse prevention for fear of frightening their children.

You can be a valuable resource to parents by providing them with information on what to tell their children and how to discuss personal safety issues. To obtain parental understanding and support for your

prevention program, communicate and keep parents informed. This can be accomplished by following these recommendations.

- Conduct a parent meeting. Have a meeting at your center to explain your prevention program. A written invitation should be sent prior to the meeting explaining its purpose, date, time, etc. (Refer to sample letter in Appendix 12.) At the parent meeting, the following issues should be discussed: overview of child sexual abuse, objectives of the prevention program, how parents can help educate their children, what parents should do if their children are sexually assaulted. Make resource materials and handouts available. (See Appendix 11 and Appendix 13 for examples.)

For parents who are unable to attend the meeting, make sure they also receive written information about your center's upcoming prevention program.

- Send activities home. During the times you teach sexual abuse prevention, send written materials and activities home with the child. Since repetition is important to learning, encourage parents to review with their child the materials covered at the center throughout the year. Suggested activities may include practicing full name, address, phone number; reviewing body parts; playing what-if games; and reading stories.

- Serve as a resource. Throughout the year, follow up with parents. Share new resources or materials you may receive. Be available to answer questions, or discuss concerns.

VI. The Center as a Community Resource

1. Introduce the topic by presenting the following information:

Setting up a child sexual abuse prevention program provides opportunities for the day care center to serve as a local community resource. Training the staff, implementing a program, collecting educational materials, and inviting parent participation builds credibility and expertise.

Consider implementing the following ideas to better help your community stop the sexual abuse of children.

- Share educational resource lists and materials with local community and elementary school libraries.
- Serve as speakers to local civic groups and organizations explaining how to reduce the risk of child sexual abuse.
- Include a child sexual abuse prevention brochure in the parent orientation packet given when a child enrolls in the center.
- Include in your center advertisement a statement about the commitment to protect children from maltreatment.
- Develop public service announcements that help parents protect children from sexual abuse. Share them with the local newspapers, radio and television stations.
- Ensure that staff receive ongoing training in child protection. When possible, use other professionals in your community to help with the training.
- Offer to serve as resource persons to the local child protection team. This effort helps increase communication among area professionals serving families and children.

- Keep in touch with other agencies for support and backup to your efforts.

ADDITIONAL ACTIVITIES

1. At a parent meeting, try the Personal Bubble and Touch Continuum activities in Appendix 14. Both activities encourage parents to protect their children. Discuss with parents what they think is appropriate touch for their children.
2. Generate additional ideas from your staff that can help broaden your focus as a community resource.

COMPETENCY EVALUATION

At the completion of the workshop, Protecting Children from Sexual Abuse, day care center staff will be able to:

1. Name two reasons why day care staff should teach sexual abuse prevention techniques. (Sample acceptable response: Staff have daily contact with children, children may not tell if they are being victimized because they may not know what is inappropriate touch.)
2. Recognize the myths surrounding educating children about sexual abuse.

   Answer true or false.

   a. A sexually abused child encourages the abuse. (False)
   b. Physical violence is rarely used in sexual abuse cases. (True)
   c. Children who learn about sexual abuse will be afraid of all touch. (False)
   d. Children always lie or make up stories about sexual abuse. (False)

3. Identify three types of information which will offer protection to children. (Sample acceptable response: Correct body parts, different types of touch, guidelines for keeping secrets, how to tell.)
4. Name three current educational resources you would like to review for use at your center. (Sample acceptable response: Study cards to teach touch, No More Secrets book by Adams and Fay, It's My Body book for children by Freeman.)
5. Select a child sexual abuse prevention program for future implementation at your center.

6. Name three ways in which parents and staff can develop a partnership. (Sample acceptable response: Conduct parent meetings to review materials, send home activities for parents and children, share new information and resources.)

7. Identify two ways in which your center can become a community resource for child abuse prevention. (Sample acceptable response: Share materials and educational resources with local and elementary school libraries, serve as speakers to local civic groups and organizations to explain how to reduce the risk of child sexual abuse.

RESOURCES

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Appendices

GLOSSARY OF CHILD ABUSE/NEGLECT TERMS

Adapted from Chapter 49, West Virginia Public Welfare Law

Child: Any person under the age of eighteen.

Abused child: A child whose health or welfare is harmed or threatened by: (1) a parent, guardian or custodian who knowingly or intentionally inflicts, attempts to inflict, or knowingly allows another person to inflict, physical injury, or substantial mental or emotional injury, upon the child or another child in the home; or (2) sexual abuse or sexual exploitation.

In addition to its broader meaning, physical injury may include an injury to the child as a result of excessive corporal punishment.

Child abuse and neglect: Physical injury, substantial mental or emotional injury, sexual abuse, sexual exploitation, or negligent treatment or maltreatment of a child by a parent, guardian or custodian who is responsible for the child's welfare, under circumstances which harm or threaten the health and welfare of the child.

Neglected child: A child (a) whose physical or mental health is harmed or threatened by a present refusal, failure or inability of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, supervision, medical care or education, when such refusal, failure or inability is not due primarily to a lack of financial means on the part of the parent, guardian or custodian; or (b) who is presently without necessary food, clothing, shelter, medical care, education or supervision because of the disappearance or absence of the child's parent or custodian.

Custodian: A person who has or shares actual physical possession or care and custody of a child, regardless of whether the person has been granted custody of the child by any contract, agreement, or legal proceedings. Examples include school teachers, day care providers, babysitters, and Head Start staff.

CPS - Child Protective Services: Social services which are directed toward: (1) protecting and promoting the welfare of children who are abused or neglected; (2) identifying, preventing and remedying conditions which cause child abuse and neglect; (3) preventing the unnecessary removal of children from their families by identifying family problems and assisting families in resolving problems which could lead to a removal of children and a breakup of the family; (4) in cases where children have been removed from their families, providing services to the children and the families so as to restore such children to their families; (5) placing children in suitable adoptive homes when restoring the children to their families is not possible or appropriate; and (6) assuring the adequate care of children away from their families when the children have been placed in the custody of the department or third parties.

Sexual abuse: (a) As to a child who is less than 16 years of age, any of the following acts which a parent, guardian or custodian shall engage in, attempt to engage in, or knowingly procure another person to engage in, with such child, notwithstanding the fact that the child may have willingly participated in or consented to such conduct or the fact that the child may have suffered no apparent physical injury or mental or emotional injury as a result of such conduct.

(b) Any conduct whereby a parent, guardian or custodian displays his or her sex organs to a child, or procures another person to display his or her sex organs to a child, for the purpose of gratifying the sexual desire of the parent, guardian or custodian, of the person making such display, or of the child, or for the purpose of affronting or alarming the child.

Immunity from liability: Any person, official or institution reporting cases of children suspected of being abused/neglected shall be immune from any civil or criminal liability.

Perpetrator: A person who commits an act or crime.

Substantiate: To support with evidence; to prove.

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ABUSE/NEGLECT INDICATORS IN YOUNG CHILDREN

by Charlotte Flanagan
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(1986)

The reactions of a child to mistreatment are usually not specific to any one type of abuse. Behavioral symptoms vary according to the child's developmental stage, the severity and frequency of abuse, the child's relationship with the abuser and the availability of or lack of other support. Regression and low self-esteem are common in all forms of abuse. The following chart lists the type of abuse, neglect, child indicators, and perpetrator characteristics that may be observed either singularly or in combinations. The purpose of this work is to facilitate the detection and reporting of suspected cases of child maltreatment.

NEGLECT

Child Indicators	Perpetrator Characteristics
Wears inappropriate dress for weather conditions	Indifference: lack of involvement with child including lack of supervision
Appears affected by parasites (ringworm, head lice)	Evidence of depression
Chronically dirty, unkempt	Likely to abuse alcohol/drugs
Always hungry, asks for seconds, thirds	Ignores child's crying
Untreated dental, medical problems	Unable to tolerate stress/ frustration
Not properly immunized	Unable to express feelings directly
Serious height and weight abnormalities	Has limited parenting skills
Excessively absent	Low sense of self-esteem
Constant fatigue, listlessness	
Left alone for length of time	

PHYSICAL ABUSE

Child Indicators

Bruises, welts on arms, legs, face or bruising to trunk of the body

Lacerations or abrasions on several different surface levels

Burns: cigar, cigarette, especially on soles, palms, back or buttocks

Immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia)

Burns patterned like electric burner, iron

Rope burns on arms, legs, neck or torso

Fractures: to skull, nose, facial structure in various stages of healing

Black eyes

Human bite marks

Head injuries: hemorrhaging beneath the scalp, caused by pulling hair

Retinal hemorrhages or detachment

Injuries suggesting the use of weapons

Perpetrator Characteristics

Were often abused as children

Unrealistic expectations of the child; see them as a small adult

See themselves as worthless or inadequate

Have low self-esteem

Have poor parenting skills

Emotionally or physically isolated

Act out their frustrations through impulsive violence

Likely to abuse alcohol or drugs

Sees child as unloving

Is reluctant to give information (or gives vague explanation of injury)

SEXUAL ABUSE

Child Indicators

Physical

Torn, stained or bloody clothing

Pain, itching or swelling in genital area

Frequent urinary track infections

Difficulty with urination

Any sexually transmitted disease in children less than 12 years old

Bruises or bleeding in external genitalia, rectal area

Behavioral

Inappropriate sexual play with peers, toys

Acting out of adult sexual activities

Detailed and age-inappropriate understanding of sexual behavior

Lack of trust

Sudden drop in performance, withdrawal, regression to babyish habits

Increase/decrease in appetite

Appears tired, sleepy

Hints about sexual activity

Perpetrator Characteristics

Role reversal between mother daughter

Extremely protective of child, refuses to allow child normal social contacts

Denial is prominent in relation to both the event and its impact upon the child

Socially isolated

Heavy dependence upon family members to meet emotional and sexual needs

Parental roles become unpredictable, confusing

Poor communication patterns

May have been sexually abused as a child

Marital problems

Spouse abuse

EMOTIONAL ABUSE

Child Indicators

Passive, withdrawn or aggressive acting out

May have difficulty in observing rules of discipline

May act in a way to provoke the familiar negative attention

Usually has low self-esteem

May not cry when hurt

May whine and cling

Loses trust in adults

May show little respect for authority

Poor peer relationships

Perpetrator Characteristics

Verbal or emotional assault

Habitual patterns of scape-goating, belittling, denigrating or other overly hostile, rejecting treatment including threats of physical or sexual assault

Inattentive to child's need for affection or emotional support

Encourages or permits serious maladaptive behavior (chronic delinquency, drug/alcohol abuse, assaultiveness)

Refuses to permit recommended treatment for a child's diagnosed emotional condition

Often has low self-esteem

Has difficulty in coping with stress

APPENDIX 3

SUSPECTED CHILD ABUSE REPORT FORM AND INSTRUCTIONS

SUSPECTED CHILD ABUSE REPORT

To Be Completed by the Reporter

A. Reporting Source

1. Organization/Agency Name: _____

2. Address: _____
street city state zip

Telephone: (___) _____

3. Date of Report: _____

4. Name of Reporter: _____

5. Address: _____
street city state zip

Telephone: (___) _____

B. Involved Parties

1. Enter information for the victim, and suspects involved in the suspected incident.

Last Name	First	Middle	Birthdate	Sex	Race	Victim	Parent of Victim	Suspect

2. Enter information on all children in the household (if known).

Last Name	First	Middle	Sex	Brother	Sister	Other

3. Provide clear directions to the child's home.

_____

_____

_____

C. Incident Information

1. Date of incident: _____

2. Type of abuse (check one or more):

_____ Physical _____ Emotional _____ Sexual Assault

_____ Neglect _____ Other (specify:) _____

3. Did the child report the incident? _____ Yes _____ No

4. How was the incident detected? _____

_____

97

96

5. Describe the nature of the maltreatment. Attach additional sheets if necessary. and check this blank if additional sheets are used. _____

_____

_____

_____

_____

6. Illustrate the injury on the attached body diagrams.

7. Explain any action taken by the reporter. _____

_____

_____

_____
Reporter's Signature

_____
Day Care Director's Signature

By:
Charlotte Flanagan
West Virginia Committee for
Prevention of Child Abuse
P. O. Box 2611, Charleston, WV 25329
(304) 344-5437

INSTRUCTIONS FOR COMPLETING
SUSPECTED CHILD ABUSE REPORT FORM

A. Reporting Source

1. Agency Name: Enter the name of the agency if the complaint is initiated by an agency.

2. Address and Telephone: Enter the street address and telephone number of the agency.

3. Date of Report: Enter the date the report is made.

4. Name of Reporter: Enter the name of the person(s) reporting the incident.

5. Address and Telephone: Enter the mailing address and telephone number of the reporter.

B. Involved Parties

1. Enter the name (last, first, middle), birthdate, sex and race of all victims, parents of victims, and suspects. Check the appropriate blanks opposite each name. For example, if the parent of the victim is also a suspect in the incident, enter his/her name one time and check both the "Parent" and "Suspect" blanks.

2. Enter the names (last, first, middle) and sex of all children in the household. Indicate the relationship of each child to the victim.

3. Provide clear directions to the child's home.

C. Incident Information

1. Date of Incident: Enter the date the incident was disclosed or discovered.

2. Type of Abuse: Check the blank(s) which best describe the abuse.

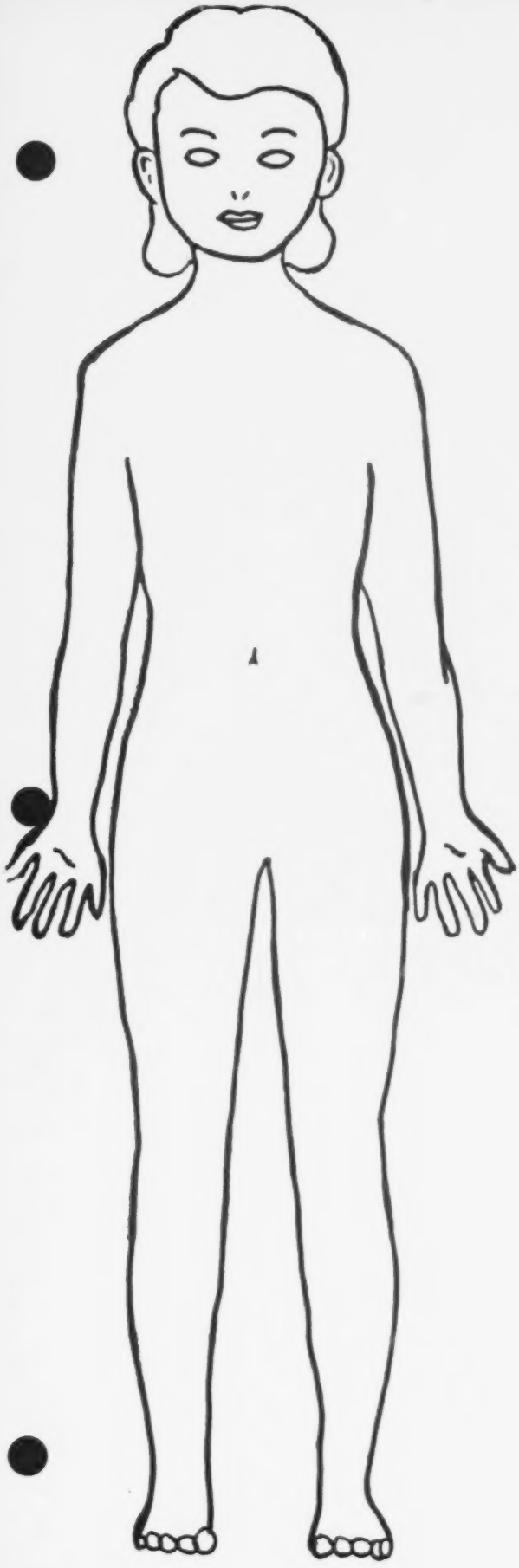
3. Did the child report the incident? Check "yes" or "no".

4. Briefly explain how the incident was detected.

5. Briefly describe the nature of the maltreatment.

6. Illustrate the abuse on the body diagrams.

7. Explain any action taken by the reporter.



APPENDIX 4

ROLE PLAYS:

(1) Reporting Child Abuse

(2) Detecting Child Abuse

(3) Develop Skills to Support Sexually Abused Children

ROLE PLAY 1

GOAL: To clarify the steps in reporting a suspected case of child abuse.

PROCEDURE:

1. Ask the staff to describe a child abuse or neglect incident.
2. Have one staff member be the person detecting the maltreatment. Ask him to stand before the group and relate the steps in reporting a case.
3. Have two staff create a reporting dialogue.
4. Ask a second staff person to act as a CPS social worker who takes the complaint and investigates the case. Have that person explain the steps she will follow.
5. Invite group discussion about how to establish a cooperative working relationship between day care and CPS staff.
6. List problems or complaints on the chalkboard. Discuss strategies for resolving each.

Charlotte Flanagan, West Virginia Committee for Prevention of Child Abuse
P. O. Box 2611, Charleston, WV 25329 (1986)

ROLE PLAY 2

GOAL: To develop skills in detecting child sexual abuse.

PROCEDURE:

1. Ask a staff member to play a preschool child who has been victimized. Invite staff to provide specifics about the incident.
2. Ask a second staff member to portray his normal role in relation to the child.
3. Have the first staff member attempt to tell about a sexual assault through behavioral signals and words common to the age child being portrayed.
4. Have the second staff member identify the signals he/she detects.
5. At this point, invite discussion with all participants about the behaviors and signals they have just witnessed. Invite them to recall any incidents in which they suspected child sexual abuse, but did not tell anyone. Find out if they are more comfortable in their detection skills now.

ROLE PLAY 3

GOAL: To identify and encourage attitudes and skills that will support children who have experienced sexual abuse.

PROCEDURE:

1. Set up three chairs. Ask one staff to play the part of a child who has been tricked or forced into sexual contact. If the person needs help, ask the staff to identify the specifics of who, what, where and when the abuse took place. (This person will attempt to tell about the incident.)
2. In the other two chairs, ask two staff to assume their current roles in relation to children. One will be supportive and helpful to the child and the other will not.
3. After the trio has spent a few minutes with the scene, ask the group to make suggestions to each staff person. What are ways to be helpful? (Stay calm, serious, understand the victim, don't blame them.) What are the most damaging things that the unsupportive person can do? (Act embarrassed, brush it off as unimportant, condemn, disbelieve, gossip, etc.)

APPENDIX 5

REWARDS FOR DOING WELL
REWARDS FOR BEING

REWARDS FOR DOING WELL

Statements

Neat work.
Nice job.
I like the way you did that.
Much better, keep it up.
I like the way you wear your hair.
You have a good eye for color.
Thank you for picking up the papers.
You're a good cook.
You're one great carpenter.
Wow, do you read fast!
Your work is impressive.
Fantastic painting!
I'm amazed at your improvement.
You're the fastest runner I know.
You make beautiful music.
Great carry through.
You're a super (mom, dad, son, daughter,
teacher, worker, entertainer, problem solver...).
I love the way you use your voice.
You think well.
You certainly are clever.
Thanks for the gift.
I like the way you listen.
I hear you did a great job. Congratulations!
What you said is very interesting.
I appreciate your support.
You're a good team member.
You encourage me to think.
You take great pictures.
You do know how to survive.
You put things together in an amazing way.
Thank you for being so patient.
I'm proud of the way you did that.
Excellent results!

Rewards for doing start at six months and encourage poeple of all ages to do things well.

Adapted from: Jean Illsely Clarke, Self Esteem: A Family Affair, Winston Press, Inc., 1978.

REWARDS FOR BEING

Statements

I'm lucky to know you!
You're a pleasure!
You are important.
You are unique.
I like to (see, hug, hold, rock, kiss) you.
I love you.
It's good to see you.
Good morning!
I'm glad I'm getting to know you.
I'm glad to share this (day, time, lunch) with you.
I'm glad you're here.
I'm glad you live in our house.
Glad you came today.
I enjoy you.
I enjoy being with you.
I like to sit by you.
I'm glad we're (riding, walking, playing, working) together.
I thought about you during the week.
I like you.
I'm glad you're in my (house, class, group, life).
I think you're a neat kid.
I'm glad you're my friend.
Will you play with me?
Thanks for being you.

Rewards for being start at birth and help people of all ages live!

Actions

Smile
Hugs, pats, kisses (if acceptable to the person)
Handshake
Listening to a person
Sharing something important
Spending time with the person
Initiating contact
Using a person's name

Adapted from: Jean Illsely Clarke, Self Esteem: A Family Affair, Winston Press, Inc., 1978.

APPENDIX 6

SEXUAL ABUSE FACT SHEET

SEXUAL ABUSE FACT SHEET

- Child sexual abuse is when someone is forced or tricked into sexual contact. This includes obscene phone calls, fondling, intercourse, anal or oral sex, prostitution, and pornography.
- Incestuous parents love their children but put their sexual/intimacy needs before those of their children. Sometimes this is due to a crisis period in their lives or because boundaries in the family get confused or unclear.
- The average victim of child sexual abuse is between 8-11 years old.
- 90 to 97 percent of abusers are men, at least in cases presently reported.
- Between 60 and 90 percent of victims of child sexual abuse are girls.
- Offenders are <u>not</u> usually strangers to children. 70 to 80 percent of offenders are known to children.
- 50 percent of child victims are molested in their own home or in the offender's home.
- Heterosexual males present greater risk to boys and girls than homosexual males.
- The average length of an incestuous relationship is three years; it is rarely a one-time occurrence.
- This type of relationship breaks down trust in both the adult offender's and the child victim's self-concept.
- The victim may cope in many ways: by being either withdrawn, delinquent, or an over-achiever in school. Victims of sexual abuse are typically not as involved with their peers as other children.
- Incest (sexual contact) between parent and child is the most harmful form of sexual abuse.

- Emotional scars, not dealt with, may result in future problems with self-concept, and possibly violent or self-destructive tendencies.
- In the treatment of incestuous families, the prognosis is best when treatment continues long enough, the entire family is involved, and a self-help support group such as Parents United is utilized.

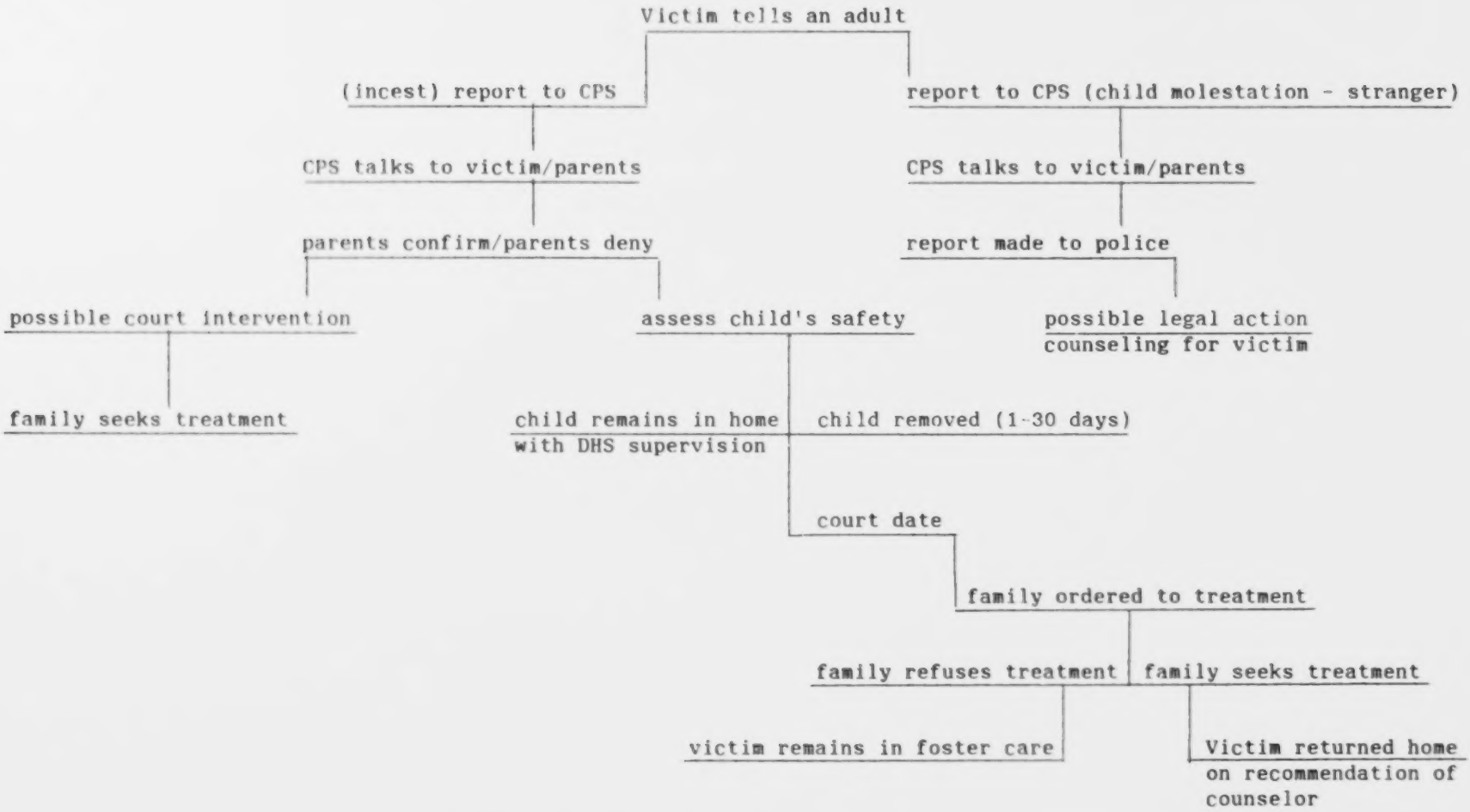
Adapted from: Carol A. Plummer, Preventing Sexual Abuse: Activities and Strategies for Those Working with Children and Adults, Learning Publications, Inc., Holmes Beach, Florida, 1983.

APPENDIX 7

FLOW CHART:

WHAT HAPPENS WHEN A REPORT IS MADE?

WHAT HAPPENS WHEN A REPORT IS MADE?


Victim tells an adult
(incest) report to CPS
report to CPS (child molestation - stranger)
CPS talks to victim/parents
CPS talks to victim/parents
parents confirm/parents deny
report made to police
possible court intervention
assess child's safety
possible legal action
counseling for victim
family seeks treatment
child remains in home with DHS supervision
child removed (1-30 days)
court date
family ordered to treatment
family refuses treatment
family seeks treatment
victim remains in foster care
Victim returned home on recommendation of counselor

Adapted from: Carol A. Plummer, Preventing Sexual Abuse: Activities and Strategies for Those Working With Children and Adults, Learning Publications, Inc., Holmes Beach, Florida, 1983.

OUTLINES OF SOME TYPICAL AND EXPECTED CHILDHOOD BEHAVIORS RELATED TO SEXUALITY

By Diane W. Mufson, M.A.

Birth to One Year

- Orality: Sucking/nursing; exploring by mouthing objects.
- Contact comfort: Touching/being touched, cuddling, stroking of skin/body, special objects (dolls, blankets).
- Genital exploration: Touching/feeling own sexual organs as well as all reachable body parts.
- Erection of penis.
- Vaginal lubrication.
- Pelvic thrusting against people/objects.

One to Two Years

- Interest in urine/bowel movement and where they come from.
- Genital manipulation.
- Masturbation.
- Enjoyment in physical contact. . . cuddling, holding, touching.
- Learning to kiss.

Two to Three Years

- Frequent attempts at masturbation.
- Curiosity about opposite sex and genitals.
- Adult/child toilet training issues.
- Start of "bathroom language" and dirty words related to toileting functions.

Three to Five Years

- Masturbation likely to continue; more observed in boys than girls, but both doing so.
- Interest in reproduction and questions about where babies come from.

- Interest in "love/marriage" and may want to marry opposite sex parent or other close adult figure.

- Curiosity in opposite sex genitals and adult breasts.

- Start of "doctor" games.

Five to Seven Years

- Continuation of "doctor" games, but with less obviousness.

- Asks direct questions regarding sex and may ask to see sex organs or the sex act if explained.

- Lots of "dirty words."

- Boys have questions about erection of penis.

- Masturbation likely to continue, but more in private.

- Picking up family values/messages about sex, reproduction and questions related to it.

- Own behaviors are becoming clearly male or female; males identifying frequently with female's role may have gender identity problem.

- Opposite sex relationships starting.

Seven to Nine Years

- Compares own sex organs to adults; concern because of smaller size.

- Wants explanation of sex/reproduction, but starting to become embarrassed by such. Claims to have forgotten earlier similar information; may stop asking questions about sex, but has not lost interest.

- Masturbation likely to continue, mostly in private.

- Receiving sexual "misinformation" from peers, slightly older youth. May be aware of sexual messages from media.

- Girls should have menstruation explained to them. Appropriate for boys to have similar information.

- Imitation of sexual behavior that has been observed is not unusual.

- Opposite sex relationships may continue.

- May show less obvious interest in sex, but real interest does not lessen.

FACTORS AFFECTING RESPONSE TO INCEST AND SEXUAL ABUSE

This worksheet will help you clarify your personal attitudes, beliefs and biases about incest and sexual abuse. Keep this information for your own use. You decide whether or not to share it.

List your answers under each question:

1. What are my attitudes and beliefs about incest?

2. What are my biases and feelings about sexuality?

3. What is my personal experience with child sexual abuse?

4. What do I know about my family's sexual history and secrets?

5. What do I expect of myself as a professional?

Adapted from: Ruth Soukup, et al, Three In Every Classroom, Richards Publishing Co., Inc., Gonvick, Minnesota, 1984.

THE TOUCH CONTINUUM

No Touch	Good Touches	Confusing Touches	Bad Touches	No Touch
	Examples:	Examples:	Examples:	
	kiss	unexpected hug	hit	
	hug	tickling	slap	
	handshake	pat on rump	kick	
	pat on back	wrestling	being trapped	
	backrub	kiss	bite	

This continuum can be written on the board and discussed at various levels of sophistication, depending on the age of the students. Options include:

Older Children

1. List their examples of touch and discuss.
2. Bad touch is better than touch deprivation.
3. Kisses, backrubs and certain other touches can be bad or confusing.
4. Many confusing touches make us feel guilty because of distrust of our responses.
5. Confusing touch is often sexual in nature.
6. All types of touch could be role-played.
7. Different cultures or individuals interpret touch differently.

Younger Children

1. We all want and need touch.
2. List their examples of types of touch.
3. Help each to make his own touch line to take home.
4. Talk about being tricked and trapped as confusing.
5. Stress that they discuss with a trusted adult whenever they feel confused about touch.
6. No one has a right to touch you if you don't want to be touched.

Used by permission of Illusion Theater, Inc., Minneapolis, Minnesota.

EDUCATIONAL RESOURCES, MATERIALS AND ORGANIZATIONS

Books for Parents

No More Secrets by Caren Adams and Jenifer Fay, Impact Publishers, 1981.

An excellent book written in a question and answer format. It provides clear, simple language, suggestions and information on what to do if your child is sexually abused.

Self-Esteem: A Family Affair by Jean Illsley Clark, Winston Press, Inc., 1978.

Your Child's Self-Esteem by Dorothy Corkville Briggs, Doubleday & Co., Inc., 1970.

Both books are excellent resources for parents wanting to know more about the development of high self-esteem in children. Your Child's Self-Esteem gives background information and clear, practical ideas. Self-Esteem: A Family Affair includes worksheets, parenting tips and case histories.

Protect Your Child from Sexual Abuse: A Parents Guide by Janie Hart-Rossi, Parenting Press, Inc., 1984.

An easy-to-read book filled with specific methods to teach young children to resist unwanted touch. Role play ideas and teaching methods are presented.

"He Told Me Not to Tell", King County Rape Relief, 305 S. 43rd Street, Renton, Washington 98055.

This booklet presents guidelines for parents on how to talk to their children about sexual assault.

Books for Children

It's My Body by Lory Freeman, Planned Parenthood of Snohonish County, Book Orders, 2730 Hoyt, Everett, Washington 98201.

This booklet teaches preschoolers (3-6 years old) how to resist uncomfortable touch.

Alice Doesn't Babysit Anymore by Kevin B. McGovern, Ph.D., McGovern and Mulbacker Books, P. O. Box 25537, Portland, Oregon 97225.

This book shows how some individuals in trusted positions can take unfair advantage of the children we love. It provides a communication tool to explain to children how unhealthy and abusive patterns can begin.

My Very Own Book About Me by Jo Stowell and Mary Dietzel, Luthern Social Service of Washington, North 1226, Spokane, Washington.

This workbook for children uses the concepts of "private parts" and "OK touch" and "not OK touch". It reinforces children's abilities and rights. A training video for teachers is also available.

Red Flag Green Flag People by J. Williams, Rape and Abuse Crisis Center, P. O. Box 1655, Fargo, North Dakota 58107.

This coloring book helps children identify and understand sexual abuse.

My Feelings by Marcia K. Morgan, Migima Designs, P. O. Box 70064, Eugene, Oregon 97401.

This story coloring book for children ages four through ten helps teach how to avoid sexual abuse and unwanted touching.

Hi! My Name Is Sissy by Ruth Amerson, Lee County Department of Social Services, P. O. Box 1066, Sanford, North Carolina 27330.

This coloring book for children in kindergarten through the third grade tells the story of Sissy who is sexually abused by her uncle and how she gets help for herself and her uncle.

Games, Study Cards

Study Cards - Touch Continuum, Illusion Theater, 528 Hennepin Avenue, Suite 205, Minneapolis, Minnesota 55403.

This set of thirteen 14" x 22" cards shows examples of kinds of appropriate and inappropriate touch.

The Talking and Telling About Touching Game, Victim Assistance Games, P. O. Box 444, Akron, Ohio 44309.

For children in preschool through junior high school, this game presents discussion questions about touching in a game board format. The reverse side offers four additional activities relating to child sexual abuse prevention. A four-page parents' guide is included.

What If? ET-NESA, P. O. Box 2610, Falls Church, Virginia 22042-0610.

This is a personal body safety card game for parents/teachers to play with young children. It provides what-if situations on a variety of body safety issues and the suggested answers on cards. It is an excellent method to encourage trust and communication.

Organizations

For further information on the organizations in this section, contact the sources given in the listing.

Adults Molested as Children United (AMACU)
P. O. Box 952, San Jose, California 95108, (408) 280-5055

Self-help component of the Child Sexual Abuse Treatment Program for adults who were sexually abused as children.

Formerly Abused Children Emerging in Society (FACES)
Manchester Memorial Hospital, Child Life Department,
71 Haynes Street, Manchester, Connecticut 06040, (203) 646-1222

Self-help group for young adults who were abused as children.

Parents Anonymous of West Virginia, Inc. (P.A.)
P. O. Box 1949, Charleston, West Virginia 25327, (304) 345-6676

A self-help organization for parents under stress and for abused children.

Parents United/Daughters and Sons United (P.U./D.S.U.)
P. O. Box 952, San Jose, California 95108, (408) 280-5055

Self-help components of the Child Sexual Abuse Treatment Program. Parents United is for offending and non-offending adult family members involved in child sexual abuse; Daughters and Sons United is for the child victims of sexual abuse.

National Committee for Prevention of Child Abuse (NCPCA)
332 S. Michigan Avenue, Suite 1250, Chicago, Illinois 60604,
(312) 663-3520

A private nonprofit organization that works to prevent child abuse in all of its forms through a national chapter network.

West Virginia Committee for Prevention of Child Abuse (WVCPCA)
P. O. Box 2611, Charleston, West Virginia 25329, (304) 344-5437

The West Virginia chapter of NCPCA. A private nonprofit organization utilizing volunteers and community mobilization to prevent child abuse throughout the state.

Developed by:
Charlotte Flanagan
West Virginia Committee for Prevention of Child Abuse
P. O. Box 2611, Charleston, WV, 25329

SAMPLE LETTER - INVITATION TO PARENT MEETING

Dear Parent,

Protecting children from sexual abuse is important. This problem has received much publicity over the past several years. The first step in protecting children is to learn more about child sexual abuse and the ways it can be prevented.

The staff and I are committed to the well being and safety of each child in our center. We invite you to join us in implementing a personal safety program that will teach both you and your child skills to better protect him/her.

A parent meeting is scheduled for date/time/place . We will review learning materials, discuss questions, and have fun with some planned activities.

I look forward to seeing you. Together we can better keep our children safe.

Sincerely,

Director

Developed by:

Charlotte Flanagan
West Virginia Committee for
Prevention of Child Abuse
P. O. Box 2611
Charleston, WV 25329

PARENT MEETING HANDOUT

After years of working with sexual offenders, Dr. Nicholas Groth has developed these guidelines for parents to decrease the chance of their child becoming victims.

1. Establish a relationship with your child. Make your child feel comfortable in talking with you.
2. Know adults or older juveniles involved with your child. Be alert to anyone over-involved, or those your child seems to avoid.
3. Be alert to any physical or behavioral changes in your child. Be alert to other clues such as having extra money, gifts, or toys.
4. Teach your child personal safety skills, and how to be assertive.
5. Be sexually informed yourself. Provide your child with information about sexuality.
6. Clarify that "sex" is not bad, but it is not proper for a grownup to touch a child sexually.

From: Linda L. Sanford, The Silent Children, A Parent's Guide to the Prevention of Child Sexual Abuse, McGraw-Hill Book Co., New York, 1980.

PARENT GROUP EXERCISES

"Personal Bubble"

Purpose

Parents will become more aware of the idea of personal space.

How will this help prevent sexual abuse?

By discovering their own personal bubble, parents will be more aware of their children's personal bubbles, and will be more supportive of their children's choices about sharing their bodies.

Background

Another way to describe "uncomfortable feelings" is as warning signals. These are the physical reactions of our bodies to inappropriate touching situations. While everyone's body can give warning signals, these signals are different for each one of us. The Personal Bubble game will help you learn about your body's warning signals.

Activities

- Find a partner. Stand across the room from your partner. While you stand still, have your partner take very slow steps toward you. Look at each other's faces the whole time. As soon as you start to feel uncomfortable (when your warning signals start), tell your partner to stop. The distance left between you is your personal bubble of space. The warning signals you felt as your partner came too close were your body's way of protecting your bubble. What are your warning signals?

- Repeat this game by playing it while kneeling to approximately the height of a child. Your partner should still stand up and walk. Remember to try and look at your partner's face as he/she moves toward you. Did your bubble size change?

- Switch and give your partner a turn.

Start noticing in the next few days how and when your bubble size changes, depending on who you are with and what kind of situation you're in. Notice how, without thinking about it too much, people establish distance or closeness between themselves and others, and how quickly people react when their personal bubble is violated.

"Touch Continuum"

Purpose

Parents can identify for themselves the kinds of touches which make them feel uncomfortable.

How will this help prevent sexual abuse?

Parents will be more aware of uncomfortable touch and will better understand the need to support their children's choices about touch.

Activity

Filling out a Touch Continuum can help you understand what "uncomfortable touch" means. Starting at the left side of the Continuum, write in the kinds of touch that feel good to you. Then fill in the kinds of touch that feel bad. Now write in touches that confuse you: touches to which you aren't sure how to react. An example might be a kiss from someone you don't know very well, or tickling that doesn't feel good anymore. After you've filled out the Continuum, take a moment to think

about what you have written. Your preschooler's definitions of good, bad, and confusing touches would not be much different from yours. What is different, though, is that preschoolers don't always have the words to describe how they feel, and they are more unsure about how to react to confusing touches than are adults, even though their feelings are the same.

You can understand why it is so important for us to help our children learn to communicate their feelings about touch, and to support our children's choices about sharing their bodies with others.

GOOD TOUCH **CONFUSING TOUCH** **BAD TOUCH**

If you'd like to complete the Touch Continuum with your preschoolers, you could use magazine pictures, or quickly draw pictures of the different kinds of touch as your child mentions them.

From: Janie Hart-Rossi, Protect Your Child From Sexual Abuse: A Parents Guide, Parenting Press, Inc., 1984.